Disaster Preparedness Guide for Assisted Living Facilities

Florida Center for Assisted Living
Florida Health Care Association

Florida Health Care Association

DEVELOPING A DISASTER PREPAREDNESS MANUAL FOR ASSISTED LIVING FACILITIES

This publication has been developed by the Florida Health Care Association, the Florida Center for Assisted Living, and the American Health Care Association as a reference tool to help any assisted living facility in the development and implementation of a disaster preparedness plan. As residential care settings offering housing, supervision, and care for elderly citizens and persons with disabilities, ALFs share an ethical and professional responsibility to their community to plan and prepare for emergency operations. Given that in 2030, 26% of Florida's population will be aged 65 years and older (as compared to an average of 19% for the rest of the nation), Florida faces unique opportunities and environmental challenges in supporting the residents who call our ALF communities home.

Natural disasters test the best plans made by assisted living providers and force us to make difficult choices under stressful circumstances, the most serious of which is often whether or not to evacuate a facility. Further confounding attempts to offer emergency preparedness guidelines is that assisted living facilities differ greatly in their population, location, resources, services offered, and structure.

While this publication may not be a perfect fit for all assisted living facilities, we have worked to provide a sound framework from which you may build your own individualized, comprehensive plan.

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INTRODUCTION
DISASTER PREPAREDNESS GUIDE FOR ALFs

It is essential that assisted living facility (ALF) owners and administrators equip themselves to be disaster-flexible, to be able to respond to disasters that endanger the lives of residents and staff and damage property. While not all disasters may be anticipated, like an impending storm, studies do demonstrate that preparation, knowing how to respond when a disaster strikes, and being calm and flexible saves lives and reduces physical damage. In developing a disaster preparedness plan, ALF Administrators will need to consider the types of services they offer to residents, from secured memory impaired units to hospice residents who require intensive pain control.

The *Disaster Preparedness Guide for ALFs* is a reference tool to be used to formulate or expand a facility's individualized emergency plan to meet the specific needs of the facility, residents, staff, and the community. The Florida Health Care Association (FHCA) Disaster Management Committee, Florida Center for Assisted Living (FCAL), and their staff recommend this guide to supplement government provided disaster materials and education so one can best meet the needs of residents and staff during times of crisis.

This guide is different from county or business emergency preparedness plans because it deals with the unique problems that may be faced by an assisted living provider during a disaster. Assisted living residents can have notable physical limitations, requiring the adoption of emergency action plans tailored to their specific needs. In brief, these general measures should be taken to prepare for effective emergency operations:

- Get involved. Participate on local emergency operations committees and interact with Emergency Management Directors and the local Emergency Service Function office (health and medical care desk), fire departments, police and rescue units, the Red Cross and Salvation Army, the National Guard, the state's assisted living licensing agency, and your state's National Center for Assisted Living affiliate, as well as your respective utility service providers.
- Consider how specilized services (home health; hospice) are delivered to residents; do outside entities contract directly with residents? If these services are interrupted, how serious is the outcome?
- Prepare, confirm and exercise agreements for the emergency transfer of shelter, bed space, food, water, transportation, medical supplies and equipment, and other responsibilities.
- Make an emergency preparedness plan and review/update annually.
- Distribute the plan to emergency/disaster agencies in the community. Ask them to critique it. Obtain approval through the county Emergency Operations Center (EOC) annually. Remember, in Florida, the Agency for Health Care Administration does not approve your plan but does check to see that the facility's plan has approval from the local EOC office. A copy of the letter indicating that the plan has been reviewed and approved should be kept in the front of the facility's disaster manual.
- Familiarize and train staff as part of the new-hire orientation process. Continue disaster training and education on an annual basis. Involve family members and interested community partners with the goal of sharing knowledge and clarifying expectations.
- Have copies of the facility's emergency preparedness plan readily available for staff. Include a summary of your facility emergency preparedness plan in the facility's admission packet.

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Have a facility specific emergency preparedness plan with detailed procedures for each department so that during a drill and disaster you can provide staff with a disaster specific job description. The facility plan should be thorough, flexible and should provide:

- Protocols and directions for potential resident evacuation, staff support (if evacuation is necessary, the receiving facility will need additional staff, as well as family and pet accommodations, for sleep and rest), supplies and equipment, and should provide for the response to external disasters that do not harm the facility.
- Guidelines for treatment and resident care in response to a local event that causes mass casualties.
- Provide specific responses to hazards that exist within the local area (for instance, if the facility is near a chemical plant, specific procedures should be in place to respond to a toxic chemical leak from the plant). If the facility is located directly on the water, the plan should address potential flooding concerns and evacuation decision-making protocols.

PURPOSE OF THE GUIDE

The purpose of the *Disaster Preparedness Guide for ALFs* is to help assisted living providers ask the right questions, probe their emergency response systems, and efficiently assign roles and responsibilities. This guide does not, in any way, relieve providers from their responsibility to coordinate their preparation efforts with state, local, and federal officials.

THE ROLES OF FHCA AND FCAL

Recognizing the vulnerability of our long term care community and those we serve, Florida Health Care Association and the Florida Center for Assisted Living are committed to providing and coordinating disaster service to its membership. To facilitate relief efforts, FHCA-FCAL staff provides assistance as needed under the direction of FHCA's Executive Director, Bill Phelan.

FHCA-FCAL activities include, but may not be limited to:

- Serve as liaison with appropriate relief agencies and departments;
- Coordinate disaster-related training activities;
- Assist facilities to communicate with the media for information and public announcements;
- Coordinate communications with member facilities throughout the state;
- Coordinate facility-specific information necessary to maximize relief efforts;
- Work with state and local emergency operations centers and the ESF8 health and medical desks to coordinate relief efforts, resident relocations, and supply distribution in times of disaster; and
- Work with the FHCA-FCAL and the American Health Care Association's Disaster Preparedness Committees to keep providers apprised of rules, regulations, and current information regarding emergency preparedness planning.

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REGULATORY AUTHORITY

Assisted living facilities are privately owned and operated business enterprises, and may be proprietary or faith-based and/or nonprofit organizations. The legislative and designated health care administrative bodies from each state have the authority and responsibility to enact laws and regulatory guidelines for licensure. In Florida, these licensure requirements include a biennual survey by the state government and emergency management rules. This survey is conducted by the Agency for Health Care Administration and includes a review of the assisted living facility's emergency management plan.

Florida's ALF Emergency Management Laws and Rules

Statutory Reference: 429.41 Florida Statutes (Appendix A)
Among other things, this section of Florida law gives authority to the Department of Elder Affairs to write administative rules applicable to ALFs regarding:

- Evacuation Capability Determination
- Fire Safety Requirements
- Preparation and Annual Update of a Comprehensive Emergency Management Plan

Rule Reference: 58A-5.024 (1)(e) Florida Administrative Code (Appendix B)
58A-5.026 Florida Administrative Code (Appendix B)
The Department of Elder Affairs, in conjunction with the Agency for Health Care Administration, has written administrative rules applicable to ALFs in these emergency management areas:

- Facility Records
- Emergency Plan Components*
- Emergency Plan Approval
- Plan Implementation
- Facility Evacuation
- Emergency Shelter

Florida's laws and rules are in Appendix A and B of this publication. It is recommended that assisted living facilities operating in other states subsitute their own state's laws and regulations.

***Comprehensive Emergency Management Plan**
In Florida, the Agency for Health Care Administration has developed minimum criteria which are to be used when assisted living facilities are developing their emergency management plans. This publication includes the Agency's checklist which will serve as a cross-reference for ALFs designing their emergency management plan to meet these minimum criteria (Appendix C).

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TYPES OF DISASTERS

The following section breaks down the components of various threats and begins to explore the facility's preparation and response to them. While this compilation of hazards should not be considered a comprehensive and exhaustive listing, we have attempted to include the major environmental and man-made threats. As it has already been stated, communication and cooperation with local emergency management officials are essential to identifying and mitigating local hazards.

FIRE

Prevention, Protection, and Life Safety Procedures

The Administrator is responsible for overseeing fire prevention, fire protection, life safety practices, and disaster management.

All personnel who observe a fire or explosion shall be trained to report the incident immediately to their supervisor, or if no supervisor is in house, to contact the local Fire Department. **Emergency numbers should be posted by all phones with directives of whom and how to place calls and what information to provide.**

Recording and Reporting a Fire

Remember, a fire threat would be considered a "major incident" as defined in 58A-5.0131 (19), FAC, because it results in the disruption of the facility's normal activities (Appendix D). Staff must be in-serviced on how to report major incidents within 30 days of the employment (58A-5.0191 (2) (b), FAC). Further, the facility's written records must contain up-to-date information on all major incidents occurring within the past two years (58A-5.024 (1) (d), FAC). These written reports do not necessarily have to be written by the individual having first hand knowledge of the major incident, but must be reported by the individual having first hand knowledge. The written report must be legible. The written report must include any and all information related to any injury received by residents as a result of the fire. Also, if law enforcement is called in to assist with the fire, it would be considered an adverse incident and would need to be called in to the Agency for Health Care Administration, s. 400.423 (2) (c), F.S.

Fire Safety Inspections

Remember, in Florida, all fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years must be made available as part of the facility's records (58A-5.024 (1) (m), FAC). Refer to Appendix D to view excerpts from all of these regulatory references and the Agency for Health Care Administration's *Fire Incident Report*. Assisted living facilities not in Florida should identify their state's own fire safety requirements and substitute them in this portion of the publication.

As of July 24, 2006, Florida's assisted living facilities are required to send a copy of their annual fire safety and sanitation inspections annually to the Agency for Health Care Administration's Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspection occurs, s. 58A-5.016 (6), Florida Administratrative Code (Appendix D).

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Fire Prevention Functions Every Person Should Know

- Individual staff assignment in the fire plan.
- Location of the nearest fire alarm box and how to operate it.
- Location of exits. DO NOT prop open or block access to these exits.
- Location of gas mains and who is responsible to shut off.
- Proper use of fire extinguishers.
- General physical layout of the building.
- Stairwell fire doors are to be kept closed.
- Location of main electrical switch panel (circuit breakers), and who has keys to access room.

Good housekeeping and **constant alertness** are the two most important phases of active fire prevention. Keep corridors and stairs clean of obstructions – do not block egress. Fire and exit doors must be kept in good working condition. Remember, it is part of everyone's job to safeguard the lives and property entrusted to the care of their facility.

General Instructions In Case of Fire (RACE)

Perform the first four steps of the fire procedure simultaneously, if possible:

R-*ESCUE* - Remove residents from immediate danger via the evacuation plan. DO NOT PANIC. The greatest danger in most fires is panic. Stay calm, move swiftly, and with assurance. Avoid alarming the residents, staff, or visitors by using excited motions or loud shouting.

A-*CTIVATE* - Activate the alarm and notify other staff members that a fire exists.

C-*ONTAIN* - Contain/Confine the fire and smoke by checking the doors and windows to make sure they are closed.

E-*XTINGUISH* or **E-*VACUATE*** - Extinguish the fire, if it is a very small fire. Emergency responders will do both. Many times they advise against fighting the fire, leaving the actual extinguishing to the pros.

- Remain calm. Avoid loud talking and use of the word "FIRE".
- Keep an open connection to the 911 operator or emergency services phone line.
- Assign someone to perform telephone switchboard duties as long as conditions remain safe to stay at the switchboard.
- If one is not at their assigned work area when the fire alarm sounds, make every effort to get there at once.
- All personnel should stand by their departments or work areas for directions after making their own departments safe.
- If fire is in your area and is out of control:
  - Close windows and doors.
  - Stuff wet rags, towels, etc. under doors.
  - Turn off all machinery, especially air conditioning.
- Follow the instruction of the Fire Department's on-site incident commander.

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- Do not crowd to the scene of the fire.
- If the fire is not in your immediate area, be alert and ready to protect residents from any potential hazard. Respond to all commands from the Fire Department or other emergency responders.
- Do not use elevators during a fire unless the Fire Department advises that it is safe to do so.

Remove All Residents in Immediate Danger from Fire Area

- Remove only those residents in immediate danger from fire and smoke. More in-depth instructions on Emergency Resident Handling are provided under *Evacation* in this publication.
- If a resident sets his or her bed on fire, do everything possible to get the resident off the bed and out to safety; then close the door to the room. NEVER bring a burning bed out of the room.
- Do not begin mass evacuation until the facility or Fire Department Incident Commander gives the order, unless there is a determination of an imminent and real danger.
- Before opening a door to a room where fire is suspected, first test the door by touching the wood with the back of your hand. Never test for high temperature with the palm of your hand, as extreme heat may cause incapacitating injury. Never test for heat by touching metal. Doors, and the metal on them, can retain very high levels of heat before any visible or physical evidence of the fire becomes apparent.

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TORNADO

Severe weather cannot be predicted with pinpoint accuracy. However, reasonably accurate forecasts for severe weather potential over a given geographic region are produced by the Storm Prediction Center (SPC) in Norman, Oklahoma. These severe weather forecasts provide 24 to 48 hours advanced notice that a region could receive bad weather and that one needs to be prepared to act in the event that severe weather threatens the facility. Forecasts from the SPC cannot tell you if your community or facility will be directly impacted by a severe weather event, but they can alert one to the possibility, eliminating the potential for being caught off-guard or by surprise. To view forecast products from the Storm Prediction Center, visit: http://www.spc.ncep.noaa.gov.

Although they can occur at any time, most tornadoes tend to form between 3 and 9 p.m. In the southern United States, they occur mostly from March through May. In the northern states, tornadoes are more frequent in the summer months.

WATCH: Local weather conditions might produce a tornado

- Ensure all residents and assigned staff are inside the facility and accounted for.
- Tune to local radio or television stations for continuous weather information.
- Keep a weather radio on alert to receive any additional statements, watches, or warnings issued by the National Weather Service.
- Check outdoors and indoors for any objects that might become missiles in a high wind. Store the following items in a secure place:
  - Outdoors: lawn chairs, grills, potted plants, rakes, tools, etc.
  - Indoors: drinking glasses, metal trays, ashtrays, bottles, etc.
- See that windows are kept tightly closed.
- Have a supply of flashlights ready. It is suggested that the facility have available one flashlight per nurse's medication room and one per medication cart. The supply of flashlights could be checked and accounted for on the 1st day of every month (or checked at a designated time). Do not forget a supply of extra batteries.

WARNING: There is a tornado in the area NOW

- Move all residents to a central hall away from the windows. Shower rooms without windows are also good.
- Shut the doors to resident rooms when residents are removed.
- Give each resident a blanket to cover themselves to protect against flying debris.
- If time permits, shut off electricity, water, and fuel lines.

If a Tornado Strikes:

- Don't Panic - help will be on the way. There will be emergency responders arriving within minutes. However, do contact 911 or the local EOC if you have a true emergency. Deployment of assistance (mission request) is addressed by priorities, so provide thorough information regarding your status.
- Remember: the average tornado lasts only 8-10 seconds.
- Remain with residents and staff to reassure and calm them. Demonstrate calm.

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After the Tornado:

- Check the residents and staff for injuries, provide first aid as necessary, and move them away from hazardous areas.
- Check for fires throughout the facility immediately and periodically thereafter.
- Maintenance should restore utilities one at a time, checking that each one is working properly before returning another utility into service.
- Check the building itself for structural damage.
- Contact 911 as indicated.
- Contact your local Agency for Health Care Administration office to report the facility and residents' status.

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HURRICANE

The Atlantic hurricane season runs from June 1st through November 30th, but tropical storms can and do occur outside the official hurricane season.

Hurricanes, the greatest storms on earth, are tropical cyclones in which winds reach a constant speed of at least 74 miles per hour (64 knots) and may gust to over 200 miles per hour. On the average, their spiral clouds cover an area several hundred miles in diameter. The spirals are heavy cloud bands from which torrential rains fall. Tornado activity may also be generated from these spiral cloud bands. Hurricanes are unique in that the vortex or eye of the storm is deceptively calm and almost free of clouds with very light winds and warm temperatures. Outside the eye, their counterclockwise winds bring destruction and death to coastlines and islands in their erratic path.

Before a hurricane strikes, each facility must determine its potential to flood, consider the potential need for evacuation based on these flood predictions, and prepare the appropriate evacuation procedures.

Prior to hurricane season, facility administration should conduct a review of hurricane preparedness. This will include in-service staff training and an updating of all hurricane related emergency preparedness planning. Remember, in Florida, staff training must include chain-of-command and staff roles during an emergency, 58A-5.0191 (2) (b) (3) Florida Administrative Code (Appendix D).

Consult with your County Emergency Operation Center (Appendix E) to determine the facility's flood zone and hurricane evacuation zone. Keep in mind that wind damage from a hurricane can damage property and create the need for facility evacuation prior to or even without storm surge.

Definitions:

The following definitions and terms should be familiar to all staff members of the facility:

Hurricane Advisories: These are formal messages from the National Hurricane Center giving information on the location and characteristics of a tropic cyclone or disturbance.

Hurricane Local Statement: Hurricane Local Statements are prepared by National Weather Service Weather Forecast Offices (WFO, or the local forecast office) giving specific details for their County Warning Area (CWA) on weather conditions, evacuation decisions made by local officials, and other precautions necessary to protect life and property.

Hurricane Watch: An announcement from the National Hurricane Center when a hurricane *may* pose a threat to a coastal or island community within 36 hours.

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Hurricane Warning: A hurricane is *expected* to strike an area. When a hurricane warning is announced, hurricane conditions are considered imminent and may begin immediately or within the next 12 to 24 hours; bringing:

1. sustained winds of 74 miles per hour (64 knots) or higher;
2. dangerously high water and exceptionally high waves even though expected winds may be less than hurricane force; and
3. torrential rainfall.

Hurricane Landfall: The period of time in which hurricane winds, rain, and storm tide present a danger to the general population as the storm approaches land and passes through the area.

Storm Surge: Storm surge is a large dome of water, 50 to 100 miles wide, that sweeps across the coastline near where a hurricane makes landfall. It can be more than 15 feet deep at its peak. The surge of high water topped by waves is devastating.

Tropical Depression: The maximum sustained surface wind speed is 38 miles per hour (33 knots) or less.

Tropical Storm: The maximum sustained surface wind speed ranges from 39 miles per hour (34 knots) to 73 miles per hour (63 knots).

National Hurricane Center (NHC): Located in Miami, tracks and forecasts storm activity. http://www.nhc.noaa.gov

NOAA: The National Oceanic and Atmospheric Administration operate the National Weather Service (NWS), which issues weather forecasts and announcements.

- NOAA: http://www.noaa.gov
- National Weather Service: http://www.weather.gov
- Southern Region, National Weather Service: http://www.srh.weather.gov

Saffir/Simpson Scale

The Saffir/Simpson Scale is used by the National Hurricane Center to give public officials a continuing assessment of the potential for wind and storm surge damage. Scale assessments are revised regularly as new observations are made. Storm surge heights may vary depending upon your location and coast configuration.

Category	Pressure (mb/inches)	Winds (mph)	Storm Surge (ft)	Damage
1	980 or higher (28.94 or higher)	74-95	4-5	Minimal
2	965-979 (28.50-28.91)	96-110	6-8	Moderate
3	945-964 (27.91-28.47)	111-130	9-12	Extensive
4	920-944 (27.17-27.88)	131-155	13-18	Extreme
5	920 or less (27.17 or less)	156+	18+	Catastrophic

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The Trifecta of Hurricane Hazards

The main hazards of a hurricane include wind, storm surge, and torrential rain.

Wind - Winds cause a barrage of sand and debris. They sever communication and power lines. Broken power lines whipping around are extremely dangerous torches. Branches from trees are severed, and many trees themselves may fall. Mobile homes are often destroyed. Roofs are damaged and windows are usually broken. Poorly built structures may collapse. Boats are destroyed by being pushed against their moorings. Air traffic is disrupted, and small planes are flipped over and destroyed. Winds in excess of 40 mph begin to cause damage to traffic signals and trees.

Storm Surge - Storm surge, historically, is the hurricane's worst killer. Nine out of ten people who lost their lives in a hurricane were killed because of storm surge. Rising tidal sea levels of more than 10 feet above normal may occur as the storm moves toward land. The potential damage depends upon the hurricane's direction of travel, size, and the configuration of the coast. Storm surge causes salt water flooding which cripples communications, causes sewers to back up, pollutes drinking water, shorts out power lines, washes out roads, and alters shorelines and ship channels.

Torrential Rain - Torrential rains will cause fresh water flooding. Massive health problems may be caused by insects, vermin, dead animals, and polluted waters from sewage backup.

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EXTREME TEMPERATURES

Heat Wave/Bitter Cold

Part of normal senescence is a decrease in the body's ability to regulate temperature. Modern climate-controlled buildings largely mitigate the threat posed by extreme temperatures. Unfortunately, mechanical equipment can and does break down, especially during periods of extreme conditions and the resulting heavy use. The following lists some steps to consider in the event of a mechanical failure of climate control systems during times of extreme heat or cold.

Hypopyrexia

In the event that there is a loss of function in the heating system during cold weather, the procedures are to be taken to prevent Hypopyrexia.

When the facility temperature reaches **65^{O} F** and remains so for **four hours**, staff should:

- Ensure that residents have sufficient blankets or coverings;
- Promote the use of head coverings and other means to protect extremities;
- Force liquids if necessary;
- Monitor body temperatures;
- If necessary, relocate residents to other assisted living facilities or hospitals the facility has agreements with, beginning with the most vulnerable first; and
- Monitor environmental thermometers on a 24-hour basis.

Hyperpyrexia

In the event that there is a loss of function in the cooling system during hot weather, the following procedures are to be implemented to prevent Hyperpyrexia.

When the facility temperature reaches **85^{O} F** and remained so for four hours, the facility should:

- Move residents to other air conditioned portions of the building;
- Encourage residents to take in more fluids and keep the residents hydrated;
- Make sure an adequate supply of ice is available in the building;
- Offer fluids frequently to residents;
- Open windows to let cooler outside air in and utilize fans to move air;
- Bring in additional staff, if required, to assist;
- Monitor body temperatures of the residents in affected areas and notify their attending physicians if necessary;
- Relocate residents, if necessary, to assisted living facilities, family, or hospitals in the area the facility has agreements with; and
- Monitor environmental thermometers on a 24-hour basis.

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FLOODS

Floods are one of the most common hazards in the United States. Flood effects can be local, impacting a neighborhood or community, or very large, affecting entire river basins and multiple states. A flood is the inundation of a normally dry area caused by an increased water level in an established watercourse. River flooding is often caused by:

- Excessive rain from tropical systems making landfall;
- Persistent thunderstorms over the same geographical area for extended periods of time;
- Heavy precipitation upstream; and
- Failure of dams and levies.

Flood Watch - A watch is issued when flooding is possible within the watch area. When a flood watch is issued, one should be aware of potential flood hazards. Everyone in a watch area should be ready to respond and act quickly.

Flood Warning - If advised to evacuate, do so immediately! Quickly move to a safe area before access is cut off by flood water. Continue listening to NOAA Weather Radio, commercial radio, or television for information concerning the flooding.

Flash Floods

Flash floods can strike any time and any place with little or no warning. In any type of terrain - mountainous, hilly or flat - distant rain may be channeled into gullies and ravines, turning a quiet canal, stream or river into a rampaging torrent in minutes.

Urban/Small Stream Flood Advisory - Alerts the public to flooding, which is generally only an inconvenience (not life-threatening) to those living in the affected area. Issued when heavy rain will cause flooding of streets and low-lying places in urban areas. Also used if small rural or urban streams are expected to reach or exceed bankfull. Some damage to homes or roads could occur.

Flash Flood Statement - A flash flood statement is issued to inform the public about current flash flood conditions. These statements usually contain river stage information if major streams or rivers are involved.

Flash Flood Watch - Indicates that flash flooding is a possibility in or close to the watch area. Those in the affected area are urged to be ready to take action if a flash flood warning is issued or flooding is observed. These watches are issued when flooding is expected to occur within 6 hours after the heavy rains have ended.

Flash Flood Warning - A flood warning is issued when life/property threatening flooding will occur within 6 hours or is occuring. It could be issued for rural or urban areas as well as for areas along the major rivers. Very heavy rain in a short period of time can lead to flash flooding, depending on local terrain, ground cover, degree of urbanization, amount of man-made changes to the natural river banks, and initial ground or river conditions. Dam breaks or ice jams can also create flash flooding.

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For more information on flash floods and local flood conditions, contact your County Emergency Operation Center (Appendix E) and monitor forecasts produced by the local forecast office of the National Weather Service. Additional information can be obtained from the US Geological Survey at: http://water.usgs.gov/ and the National Weather Service at: http://www.nws.noaa.gov/ahps/.

GEOLOGIC HAZARDS

Sink Holes

Sinkholes are a common feature of Florida's landscape. There are three different types of sinkholes: solution sinkholes, cover-subsidence sinkholes, and cover-collapse sinkholes. Solution sinkholes usually occur where there is little or no sediment covering the limestone "bedrock" on which Florida is built. The exposed limestone is readily dissolved away at the ground surface or along joints or other openings. Cover subsidence sinkholes are located where a thick layer of sediment covers the limestone. In this case the "sinkhole" is filled by those sediments slumping downward, filling the forming hole. Eventually, the ground surface will show a gentle circular depression. If a relatively thick layer of impermeable sediments covers the limestone, there may not be a visible depression from the collapse of the supporting rock below. Cover-collapse sinkholes occur where sediments that overlie the void in the rock suddenly collapse due to triggering mechanisms such as heavy rainfall, drought, or mechanical loading, thereby creating a sinkhole.

Generally speaking, the opening of a sinkhole is neither newsworthy nor threatening, unless a road, house or other structure happens to be located in immediate proximity to the developing sinkhole. With that said, there is a certain degree of risk in living in a region with significant sinkhole potential. However, most people accept this risk as a price to pay for living in the Sunshine State, much in the same way that earthquake risk is accepted by individuals living in California.

As groundwater levels drop in high-population areas, especially during times of drought, landscaping contractors and facility maintenance personnel should be asked to monitor the grounds for any potential emerging threats to both buildings and vehicle access on the property resulting from ground depressions or forming sinkholes.

For more information visit the Florida Geologic Survey at: http://www.dep.state.fl.us/geology or the U.S. Geological Survey at: http://www.usgs.gov/.

Wild Fires

Each year, thousands of acres of wild land and dozens of structures are destroyed by fires that can start at any time of the year. Wildfires have a variety of causes, including arson, lightning, and debris burning. Adding to the fire hazard is the growing number of people living in new communities built in areas that were once wild land.

There are three different classes of wildfires. A surface fire is the most common type and burns along the floor of a forest, moving slowly and killing or damaging trees. A ground fire is usually started by lightning and burns on or below the forest floor. Crown fires spread rapidly by wind and move quickly by jumping along the tops of trees. Wildfires are usually signaled by dense smoke that fills the area for miles around.

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Investing in preventive mitigation steps now, such as installing a spark arrestor on functional chimneys, cleaning roof surfaces and gutters regularly, and using only fire-resistant materials on the exterior of your facility, will help reduce the impact of wildfires in the future. Fire resistant landscaping can also help reduce the potential impact of wildfires. Facilities that are in rural areas or are bordered by densely wooded areas might want to consider the option of conducting a controlled burn or utilizing other undergrowth clearing options to reduce the immediate threat from wildfires.

BOMB SCARE PLAN

The Administrator is responsible for oversight regarding the safety practices and procedures relating to bomb threats. All personnel should familiarize themselves with the facility's plan, and act accordingly in a bomb threat situation. Although many bomb scares prove to be false alarms, each bomb threat must be treated seriously, as a real danger. The Administrator, or their designee, will make the decisions to search the premises, to evacuate the residents if necessary, and to give an "all clear" signal when the facilities are again secure.

Remember, a bomb threat would be considered a "major incident" as defined in 58A-0131 because it results in the disruption of the facility's normal activities. If law enforcement is called, it rises to the level of an adverse incident. Staff must be in-serviced on how to report major incidents within 30 days of the employment (58A-5.0191, FAC). Further, the facility's written records must contain up-to-date information on all major incidents occurring within the past two years (58A-5.024 (1)(d), FAC).

Telephoned Bomb Threat

If a telephone call is received, the person answering the phone should try to talk with the individual as long as possible by asking questions (see Appendix J), such as:

1) Where is the bomb (or bombs) right now?
2) When is the bomb going to explode?
3) What does it look like?
4) What kind of bomb is it?
5) What will cause it to explode?
6) Did you place the bomb?
7) Why?

While conversing with the person, particular attention should be paid to the nature of the voice, taking note of any distinguishing vocal characteristics, including, but not limited to, the following:

Vocal Characteristics:

- gender
- accent
- lisp
- background noise

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Other Factors to Consdier:

- Is the voice familiar or unfamiliar?
- Are there any recently terminated or disgruntled employees that warrant further investigation by designated authorities?
- The Administrator or designee should be notified immediately upon receipt of a bomb scare.
- The following should be directed by the Administrator in the following manner:
    - Have personnel objectively search their respective areas for any unusual or extraneous items, such as boxes, packages, bags, etc.
    - If any unusual food item is found, do not disturb it.
- Residents should not be involved in the search. The search should be conducted very quietly, but quickly and thoroughly. Codes and signals should be utilized to avoid upsetting the residents.
- Visitors should be requested to leave the premises.
- The Administrator, or their designee, should notify the Police immediately after ordering the search, giving the authorities all known details.
- In some areas, the Police will notify the Fire Department and the bomb squad will be sent immediately to the facility. The liaison representative will summon additional help and equipment if necessary.
- After the Police and Fire Department have been notified, call the County Department of Public Health.

Some things to remember:

- Remain calm.
- Conduct your search efficiently, but do not create any more activity than absolutely necessary.
- Cooperation with the local fire and police/sheriff's departments is necessary.
- **Do not** call the bomb squad. The Police will notify bomb squad if necessary.
- Total evacuation of the facility is not recommended unless directed by the authorities at the scene.
- Report to the Agency for Health Care Administration, s. 400.423(2) (c) & (3), Florida Statutes.

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COMMUNITY HAZARDOUS ACCIDENTS

A warning of a hazardous accident or incident is usually received from the Fire or Police Department or from Emergency Preparedness Officials. When these situations occur near the facility there may be a threat to the safety of its residents. An overturned tanker, either truck or train; a crashed aircraft; a broken fuel line; or any industrial accident in a commercial establishment utilizing chemicals constitute potential hazards. If such accidents occur near the facility, or if the wind is such that it would carry fumes toward the facility, protective action may be required.

Whether the accident or incident occurs on or off the facility grounds, you should have protocols to direct the actions of facility staff.

- Determine if evacuation from the facility and area is warranted. Work in close coordination with Fire and Police officials. They will assist you in determining if an evacuation is necessary.
- Determine if a hazardous chemical or gas leak might endanger the facility. If a leak should threaten the facility, all air conditioner units should be turned off, or at a minimum the fresh air intake vents should be closed. Windows and doors should be closed and kept closed. All residents and employees should remain inside the facility until further directions are received from the Fire or Police Department Incident Commander.
- Follow the evacuation plan if evacuation is deemed to be necessary.

BIO-TERRORISM

In the event that authorities notify the facility Administrator of the potential of a bio-terrorism threat, the following steps should be considered to ensure the continued provision of high quality care and protection for residents in the impacted facility. Also provided are some website locations for additional information relating to bio-terrorism.

Please ensure that the Administrator or their designee participate with County Emergency Operation Center (EOC) activities as it relates to this challenge. If your facility is not contacted by the local EOC, initiate contact with them and advise them of your interest to participate in work groups. There is a direct link between your involvement and subsequent support.

- Every assisted living facility is required to have an approved written comprehensive emergency management plan (58A-5.026(1)). If there is a mass bio-terrorist event, local government will use, as much as possible, it's existing disaster preparation system which was developed to respond to natural disasters.
- Re-check facility security and reinforce protocol with staff to ensure that only authorized people are on premises.
- Persons who handle your mail or supply deliveries should be on the look out for suspicious packages. Ways to identify suspicious packages are listed at http://www.usps.com/communications/news/security/. Once at this website, click on "Security of the Mail".
- If staff encounter a suspicious package, they should not disturb the package. The package should be isolated from personnel and residents. Local law enforcement should be contacted.
- Be alert for disease patterns that might indicate contact with biological or chemical agents. If any unusual clusters of illness are noticed, notify hospital and county health officials immediately.

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- Counties across the state are continually updating their disaster response plan for potential bio-terrorism attacks. Stay in touch with the county emergency planning office to ensure that you are included in planning. The list of county offices can be found on the FHCA/FCAL website at www.fhca.org, then click on "Members Only". Once in the members section click on the Disaster Preparedness link.
- Administration and staff need to become familiar with the literature coming out on how health care providers can identify and respond to a bio-terrorism action. In addition to the sites listed above, the following websites are extremely helpful and can provide up-to-date information:

    1. www.floridadisaster.org/bpr/emtools/severe/terrorism.htm
    2. www.fema.gov

Remember: If one is faced with a potential bio-terrorist threat remain calm, exercise common sense, and use local government resources to for assistance getting through the ordeal.

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Information On Suspicious Packages

Because of the Anthrax cases in Florida and concerns regarding potential biological or chemical threats, awareness among the public and law enforcement is heightened. Law enforcement agencies and fire departments statewide have received numerous requests for information and for assistance in picking up suspicious packages or letters. The information below covers the characteristics of suspicious packages and what to do if a suspicious package is received.

What are the Characteristics of a Suspicious Package?

The likelihood of receiving a package or letter containing suspicious substances is remote. However, it is important for citizens to be aware of characteristics that are common to suspicious packages. Some indicators include, but are not limited to, the following:

- Mailed from a Foreign Country
- Excessive Postage
- Misspelled Words
- Addressed to Title Only
- Wrong Title with Name
- Rigid or Bulky
- Badly Typed or Hand Written
- Restrictive Markings
- No Return Address
- Strange Odor
- Lopsided/Protruding Item
- Stains on Wrapping

What to do if a Suspicious Package is Received

- Leave the letter or package alone. Do not move the item.
- The individual in contact with the letter should leave the vicinity immediately.
- Other individuals within the vicinity of the letter should also leave immediately.
- Contact local law enforcement agency and explain what has occurred.
- The local law enforcement agency will notify the county health department and the Department of Health to conduct appropriate testing.
- Results of the test will be available in time to determine what, if any, treatment should be implemented.
- Individuals who open or have contact with the letter or package containing an unknown substance should thoroughly wash their hands with soap and water.
- There is no need to start antibiotics prior to the analysis of the letter or package.
- Contact information of all individuals that may have been exposed should be collected immediately. These individuals should be reassured that they will be contacted as soon as results are known.

BIO-TERRORISM Sources: Center for Disease Control, U.S. Postal Service, Florida Department of Health, Florida Department of Law Enforcement.

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PANDEMIC/EPIDEMIC

Much attention has been directed recently toward the H5N1 influenza virus, more commonly referred to as "avian flu". But influenza is not the only naturally occurring disease that can cause epidemics and pandemics. The impact of a localized disease epidemic or an international pandemic would be felt at all levels: facility, industry, and community wide.

A disease or condition is not a pandemic merely because it is widespread or kills a large number of people. The disease must also be infectious. Cancer, for example, is the number two killer behind heart disease. But even with such a large number of deaths, cancer is not considered to be a pandemic because the disease is not infectious.

The following is a list from the World Health Organization of diseases that can cause epidemics or pandemics. While many of these diseases are not common in developed countries, rapid international transportation of people and goods makes any infectious disease a potential threat to populations with compromised health.

Anthrax	Marburg haemorrhagic fever
Avian influenza	Meningococcal disease Plague
Crimean-Congo haemorrhagic fever (CCHF)	Rift Valley fever
Dengue/dengue haemorrhagic fever	Severe Acute Respiratory Syndrome (SARS)
Ebola haemorrhagic fever	Smallpox
Hepatitis	Tularaemia
Influenza	Yellow fever
Lassa fever	

Plans for coping with pandemics and localized epidemics should be created separately from standard hurricane plans. In the event of a pandemic or localized epidemic, facility staff may be unable to report to work, suppliers and vendors may be unable to provide contracted emergency supplies and services, and utility services and basic infrastructure could suffer breakdowns, if only for a short time. Quarantines may restrict the travel of emergency personnel and severely limit the movement of supplies to affected areas. The facility may find itself truly on its own, with no immediate outside assistance available.

The U.S. Department of Health and Human Services (HHS) and Centers for Disease Control (CDC) released a checklist in May 2006 to help long term care and assisted living/residential care facilities take steps to prepare for a possible pandemic flu. American Health Care Association and the National Center for Assisted Living were instrumental in developing the checklist and worked collaboratively with HHS, CDC, the Alzheimer's Association, American Medical Directors Association (AMDA), National Association of Directors of Nursing Administration in Long-Term Care (NADONNA), and other stakeholders in compiling the information.

The checklist can be found at www.pandemicflu.gov/plan/pdf/LongTermCare.pdf or see Appendix R.

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GENERAL OVERVIEW OF PREPARATIONS

The FHCA Florida Center for Assisted Living is dedicated to helping ALFs equip themselves to be *disaster-flexible*. Administration should incorporate some form of preparedness activities timeline (Appendix P) as part of a facility's regular operations in order to provide structure to emergency planning. Prior to an emergency, consider the "Go and Look" strategy for making sure the intended evacuation destination offers similar services for residents. During an emergency, the assisted living facility residents may need assistance with evacuation and being transported to another facility or they may need reassurance in the safety preparations for "sheltering in place."

First, this section begins with a chronological ordering of responsibilities for the different staff using the threat of an impending hurricane as an example. Techniques and different protocols are suggested for the staffing areas. Suggestions for disaster preparedness include water and ice supplies specifically since this is a critical concern in times of power outages that often occur with a hurricane. Then, chronological listing of activities is followed by sections on *Sheltering in Place* and then *Evacuation Operations*. The staff responsibilities are listed under each section for they differ according to the decision to remain in the facility or to move the residents to another location. Finally, the section *Emergency Resident Handling* details standard of practice guidance for assisting a resident who may be temporarily unable to assist in their emergency removal from a room or a facility and is applicable to all types of disasters.

CHRONOLOGICAL TIME FRAMES FOR DECISION MAKING

Five-day Hurricane Forecast Shows a Threat

When the five day hurricane forecast shows a threat to the state of Florida, the following instructions for each department should be carried out:

1) **Administrator:** Meet with Department Heads to discuss hurricane preparations and make assignments. Contact the company or group office (if applicable) for additional instructions. Check with the company or group Disaster Coordinator or your facility Disaster Coordinator for updates and further instructions. Obtain and monitor a National Oceanic & Atmospheric Administration (NOAA) weather radio (inexpensive and available at electronic stores). These provide the latest weather developments, warnings, and watches.
2) **Business Office, Social Services, and Medical Records:** Prepare/update phone list of personnel that will be available during storm conditions. Consider when admissions may be cancelled. Finalize list of residents with family/responsible party phone numbers. In the event of a Category 3 or greater hurricane threatening to make landfall, evaluate which families may want to pick up residents. Keep families and responsible parties informed of status.
3) **Nursing/Direct Care:**
   - Confirm expected availability of nursing/direct care personnel for the duration of the event.
   - In preparation for possible evacuation (if ordered by local officials), identify staff who will be responsible for gathering residents' records for evacuation.
   - All shifts should evaluate and begin conservation of linen and supplies. Evaluate what medications may need to be ordered. Assist residents as they pack clothes, etc., if evacuating.
   - Check to ensure that all residents have identification on them, inc. facility contact information.

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Tropical Storm or Hurricane Watch Issued

In the event of a Tropical Storm Watch or Hurricane Watch, different departments should be assigned and trained for logically aligned responsibilities that reflect their level of expertise. The lists below are offered as suggestions for getting a facility ready to evacuate or to shelter in place.

1) Administrator:

- Focus on internal/external logistics, vendor relationships, communication with County Emergency Operation Center (Appendix E), the receiving facility, and supply.
- Notify department heads that a tropical storm or hurricane watch is in effect. Meet with all department heads to give final instructions for preparing for the storm.
- Make final arrangements with company, group or facility disaster coordinator for transportation and driver for mass movement of supplies, provisions, equipment, mattresses, etc. Shelter-in-place preparations should also be assessed.
- Monitor and participate in communications with the State and local regulatory agency (Appendix F), the County Emergency Operation Center (Appendix E), and local media for event status, final evacuation decisions, and other arrangements.
- Check with Corporate or facility disaster coordinator for updates and further instructions.
- The decision to implement an evacuation should be considered at this point. Bus evacuations must be coordinated to take advantage of medication passes, meal service, hydration, and heat.
- All evacuation procedures must be completed before the onset of tropical storm winds in the area (40 mph). Each facility must determine how much time will be needed to complete a full-scale evacuation of the facility. The amount of time it takes for complete evacuation, then for travel to the sheltering facility should be multiplied x3 to account for evacuation traffic.
- Organize the staging area where vehicles will be loaded and from where they will depart.

See Administrator's Checklist in Appendix H.

2) Business Office:

- Focus on communication and continuity of care through record maintenance.
- Continue notifying resident family/responsible parties for possible discharges where appropriate.
- Be available to answer phones and act as a relay and liaison for the Administrator.
- Notify all remaining personnel to report to the facility within 12 hours.
- Should the facility evacuate, contact the local phone company to leave a facility message with phone roll over options.

3) Nursing/Direct Care:

- Focus on the residents and their personal provisions.
- Maintain adequate staffing patterns on your master schedule and plan for adequate staff coverage on the buses that will transport evacuating residents.
- Prepare to move residents to hallways and getting them ready for possible departure.
- Finalize arrangements for which and what supplies, provisions, equipment, charting, medication/treatment carts, etc. are being incorporated into the evacuation must be made and segregated at this time.
- Make sure all residents, but especially those who are prone to wander, have identification on their persons, including facility contact information and Administrator's cell phone number.

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4) Food Service:

- Call vendors concerning emergency supplies (including water and ice) and ask that they be on alert for delivery to the facility or receiving facility.
- Fill water storage containers (if sheltering in place).
- Consider securing agreements with alternate food, water, and ice providers.

5) Social Services and Activities:

- Assist the Business Office when notifying all families who have requested their relatives be discharged to their care.
- Communicate and follow uniformly the facility policy for dealing with visitors during a disaster

6) Maintenance:

- Make final rounds of building and grounds.
- Secure windows and other building openings. Ensure that all windows are closed. Pull shades and close all drapes.
- Check equipment for functional ability and assure that all equipment is working properly and that spare parts are on hand.
- All suitable containers will be filled with water (if sheltering in place). A storage area will be selected.
- Locate extension cords with surge strips.
- Secure all potential flying debris (above, below, around, and in building).
- Select coldest setting on refrigerator and freezer prior to the storm.
- Check supplies:

Radios	Water containers
Flashlights and batteries	Mops/rags/buckets
Linens	First aid supplies

Water Supply Suggestions:

While filling containers with water, bag up as much ice as possible and place in freezer. Purchase ice and store in freezer. Consider using dry ice to use in maintaining freezer temperatures. Gallon zip-lock bags with zipper-style slide closures (not traditional snap-type closures) are ideal for distribution. The slide closure is easy to manipulate (prevent spills). The residents can place the bag on their person to cool down and can open a corner to pour the water in a glass to drink.

Florida Administrative Code 58A-5.020(2)(h) requires that the ALF maintain a 3 day supply of non-perishable food, based on the number of weekly meals that the facility has contracted to serve (Appendix B). Along with this, water sufficient for drinking and food preparation shall also be stored, or the facility will have a plan to obtain water in an emergency. The Florida Division of Emergency Management recommends at least one gallon of water per person per day for 3 to 7 days. But, remember that during the 2004-2005 hurricane season, power outages sometimes exceeded 2-3 weeks.

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Pets

If residents enjoy the companionship of pets in an assisted living community, Administrators must be sure to include these furry, feathered, and finned friends in their emergency management plans.

Before the Storm

- Make sure that your pets are current on their vaccinations. Pet shelters may require proof of vaccines and will require a rabies tag on the animal's collar.
- Keep a collar with identification on your pet and have a leash on hand to control your pet.
- Have a properly-sized pet carrier for each animal - carriers should be large enough for the animal to stand and turn around.
- Friends and relatives may be a great resource for picking up and temporarily taking over the care of pets.
- Don't forget animal control shelters, kennels, or veterinary clinics as possible pet refugee centers.
- If you plan to shelter your pet - work it into your evacuation route planning.
- Involve residents in a *pet patrol* to ensure that pets have plenty of food, bowls, a carrier, and anything else the pet usually requires.
- Find out ahead of time where lost pets can be reclaimed (at a local animal shelter, for example).

During a Storm

- Don't leave any pets outside. Bring them indoors well in advance of a storm and help them remain calm.
- Inclement weather can upset animals - warn residents and staff to use caution and to monitor pet behavior.

After a Storm

- Walk pets on a leash until they become re-oriented to their living environment. Familiar scents and landmarks may be changed and pets could become disoriented and lost. Also, downed power lines, reptiles brought in with high water (esp. in Florida!) and debris can all pose a threat for animals after a disaster.
- If pets cannot be found after a disaster, contact the local animal control office to find out where lost animals can be recovered. Bring along a picture of your pet if possible.
- After a disaster animals can become aggressive or defensive - monitor their behavior.

Pet Disaster Supply Kit

- Collar with identification and rabies tags
- Immunization records
- Generous supply of food and water
- Pet carrier
- Medications, as needed
- Muzzle and leash

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SHELTERING IN PLACE

It is strongly recommended that facilities located in non-evacuation zones take all possible measures to secure the building(s) against **wind damage**. Buildings fail and interior destruction occurs when winds or wind-driven debris breach the integrity of the building. This can happen through doors, windows, and roofs when buildings are not properly protected against wind damage. Each facility should be structurally evaluated to determine the safest areas. Window, door and roof retrofitting measures should be considered where appropriate.

Also, put aside an extra store of basic necessities to have on hand in case of disruption of normal services due to an emergency or an evacuation (Appendix I).

Securing a Facility

When a Hurricane Watch is issued, preparatory activities should include:

- **Installing shutters**. Ensure they are appropriate for hurricane force winds and are installed according to the manufacturer specifications.
- **Plywood coverings**. A minimum of $^{5}/_{8}$" thick and anchored at least 1 ½" deep every 12 inches. Do not anchor plywood directly to window frames. Leave at least 6" of space between the plywood and glass window to allow for deflection and deformation of plywood if struck by an airborne object. Plywood installed too close to the glass will bend if/when hit, therefore breaking the glass window it is supposed to be protecting. (*sources: FEMA, FDEM*)
- **Braces behind doors**. This takes pressure off latches. Double doors with pins top and bottom are especially vulnerable. Be sure braces do not create a "trapping" effect in the building.
- **Hardening a specific area of the facility**. This would become the *"place of last refuge."* This should be an area with minimal outside exposure and is structurally the strongest part of the building. This area is usually in the center of the structure.

Staff Coverage

All available personnel from each shift are asked to report to the assisted living facility to be present for the allotted period of time before, during, and after the hurricane. This decision will be made by the Administrator, or their designee, as to the length of time that coverage is necessary. Adequate staffing will be maintained at all times.

Personnel Pool

The personnel pool consists of all personnel not specifically assigned duties, or who have completed their duties and are available. They will report to the designated area and await further instructions.

Collecting Water in Bathtubs and Pitchers

All bathtubs will be filled and all pitchers filled with water. Assign specific staff to be responsible for this task.

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Business Office/Purchasing/Storeroom

Ensure that all essential and emergency supplies are available. Provide 24 hour communication coverage for the switchboard or command post. Safeguard all resident files and company records. Be sure you perform a complete backup of all computer-stored data prior to the storm's onset. If possible, have off-site backups of electronic data outside the disaster impact zone.

Driver-Messenger

Assist in transportation services as needed. Check fuel, oil, and water levels for each vehicle. After the storm, learn what routes to the hospital are open in case you have to transport individuals needing hospital care.

Points to Remember at the Time of the Hurricane

- Function as normally as possible, continuing the routine work schedule, as this helps to keep people calmer.
- Keep yourself as quiet and as calm as possible so that the feeling of security is passed on to the residents.
- Check residents frequently.
- Keep activities up so residents are not only thinking about the storm.
- Check windows and door areas at frequent intervals.

The department heads or designated key people are to inaugurate proceedings to adequately care for the safety and comfort of the residents during this period.

During the Hurricane

•Maintain resident care at the highest level possible; encourage normal routines where possible.

- Be especially alert for leaking water or gas, broken windows, fire hazards, and electrical wires.
- Do not go outside of the building. After the first part of the storm passes, there may be a lull in the storm, but the rest of the storm usually follows shortly after the first impact.
- Monitor the local media on radio to await the all clear.
- Staff is to be given rest periods on a rotating schedule.
- Maintain communications with all occupied areas of the facility.

After the Hurricane

- Evaluate resident status changes and needs. This is especially important if power is lost.
- Do not touch loose or dangling wires.
- Do not step in pools of water where such wires may be grounded.
- Remove boards from windows as appropriate to reduce the growth of mold.
- Make a thorough check of the facility. Make repairs as necessary.
- If water supply was interrupted during the storm, do not empty emergency water containers until advised by authorities that your regular water service is potable.
- Return to normal scheduling of activities as soon as possible.
- Give a thorough situational briefing to on-coming staff. Relieve those on duty through shift rotations.

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EVACUATION

The decision to evacuate is one of the most difficult decisions to be made for assisted living facility residents and staff. The following section will identify the key responsibilities by staffing category for the evacuation decision and operational standards for a safe evacuation.
See Appendix L for a *Resident Evacuation Checklist*.

Remind employees to fill up their personal vehicles a day or two in advance of the storm.

Preparing for Evacuation

Assisted living facilities have a requirement for staffing that allows for great variety between facilities. Operations with specialty licenses will have more specialized and licensed staff employed and/or on call. Facility size also determines staffing. Smaller "mom and pop" operations may function with a smaller and more flexible support staff. In contrast, a large corporate facility may utilize more formal and structured shift systems, plus have access to a large pool of volunteers to provide additional assistance. In short, determining roles for departments and individuals can be considerably more subjective in the ALF setting. Large operations or facilities with specialty licenses may be able to adopt more structured disaster role assignments similar to nursing homes. Smaller ALF operations or facilities with basic/minimal licensing may have fewer individuals taking on a wider variety of tasks.

It is CRITICAL that you determine and assign tasks based upon the staffing and needs of your specific facility and resident population. In the event of a disaster or evacuation, staff may have to perform many tasks across multiple domains (but *not* practicing outside of their professional scope). Preplanning is the key, as the onset of a disaster may create too much confusion and leave too little time to allow for needed roles to be determined, assigned, and executed. See Appendix M for *Lessons Learned from the 2004 Storms*.

Also, residents in ALFs may create unique circumstances which may not be present in a formal health care setting. Under normal conditions, residents in ALFs are still ambulatory and only require minimal assistance. Yet in an emergency setting, these individuals could become significantly disoriented or even temporarily incapacitated from fear or being overwhelmed. When facing immediate peril, ALF staff may face the additional burden of normally self-sufficient residents becoming scared, uncooperative, and/or temporarily impaired or incapacitated.

Assisted living facilities come in all shapes and sizes. Certainly, not all facilities have staff in each of the following personnel categories. However, this section will provide guidance for areas that will need to be addressed during an evacuation.

Key people that are to initiate proceedings to adequately care for the safety and comfort of the residents during this period of time are:

- Administrator
- Nursing and/or Direct Care Staff
- Department Head Personnel
- Additional designated key personnel

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All available personnel from each shift are asked to report to the assisted living facility and to be present for the allotted period of time before, during, and after the hurricane. The Administrator, or their designee, will make the decision as to the length of time this level of coverage is necessary. Adequate staffing will be maintained at all times.

Ensure that all essential and emergency supplies are available for resident needs. Provide 24-hour communication coverage for the switchboard or command post. Safeguard all resident files and company records. Be sure you perform a complete backup of all computer-stored data prior to the storm's onset. If possible, have off-site backups of electronic data outside the disaster impact zone.

Each supervisor will be responsible for reviewing and implementing those sections of the disaster preparedness plan as needed to coordinate and update their activities with the command post. Review the facility's emergency preparedness plan with all personnel in your department. Departments responsible for different tasks should review those specific responsibilities.

Transporting Medical Oxygen for Personal Use

In Florida, assisted living facilities which have a Limited Nursing Services license may accept residents who use portable oxygen equipment, s. 58A-5.031(1)(o), FAC, so it is likely that evacuation plans will need to consider the transportation of oxygen equipment. The Department of Transportation's Pipeline & Hazardous Materials Safety Administration has issued a document entitled *Guidance for the Safe Transportation of Medical Oxygen for Personal Use on Buses and Trains, 2005* (Appendix S) and all facilities caring for residents who use portable oxygen will need to study this information in designing an evacuation plan. See the *Transportation* section of this guide for more information.

Reporting to State Authorities

State requirements may differ, but in Florida, if an ALF is directed to evacuate by the County Emergency Operation Center (Appendix E), they must report back within 6 hours of the evacuation order to the same local emergency office, s. 58A-5.026(4), FAC, (Appendix B).

Tasks by Department

Assisted living facilities with varying resources and numbers of staff persons may to use this task list as a starting point for developing an emergency preparedness plan. The following sections on staff and departmental roles show tasks assigned by appropriate specialties and/or skill sets. In no way are many tasks exclusive. In the process of determining roles, your facility may identify the need for additional training for current staffing or for additional outside assistance.

Administration

The Administrator or their designee will designate the location of a *Command Post.* The Command Post will coordinate all activities of the facility and be a liaison with the Fire Department and Police if necessary. The Administrator or their designee will activate the emergency preparedness plan at the hurricane watch and ensure the required steps are taken as the storm intensifies and forecasting suggests. Progress of all tropical waves, storms and hurricanes may be tracked on-line now and downloaded for discussion and presentation to the staff and residents. The Command Post will be the hub for the information flow and assignments given or modified. Make sure cash is on hand.

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Food Service/Dietary

If the facility provides food service, the facility Administrator or their designee will oversee Kitchen Management. Food will be furnished for all personnel on duty who remain in the facility for the duration of the crisis, until normal operations resume. Facilities with contracted catering services should secure adequate stores of non-perishable and easily prepared food. Third party catering services will likely be impacted by the event and may be prevented from providing food preparation service immediately after a significant event, so communicate with them, too, as part of the planning.

Conserve. Storm effects may last for several days. If the water supply is interrupted, utilize the emergence water supply (tubs, containers, etc.) very sparingly. Do not drink water from faucets until cleared by the command post. Make and store as much ice as possible. Ice will be needed, especially if power is out for a lengthy period of time.

Florida Administrative Code 58A-5.020(2)(h) requires that the ALF maintain a 3 day supply of non-perishable food, based on the number of weekly meals that the facility has contracted to serve (Appendix B). Along with this, water sufficient for drinking and food preparation shall also be stored, or the facility will have a plan to obtain water in an emergency. The Florida Division of Emergency Management recommends at least one gallon of water per person per day for 3 to 7 days. But, remember that power outages sometimes exceeded 2-3 weeks after the 2004 hurricanes.

- Be in compliance with your facility's emergency food supply and water policy.
- Review menus of easily prepared meals.
- Don't forget about staff when planning food and water stores.

When evacuation is considered, report to the Administrator or their designee to discuss food stores and needs. Initiate the following plan:

- Notify all food service staff of intent to evacuate.
- Turn off gas appliances before departure.
- Contact all food service staff who are needed to report for duty.
- Supervise the movement and separation of food stores to evacuation departure area.
- Supervise and record the placement of all foods in departing vehicles.
- Supervise the assignment of food service personnel to all receiving facilities, if applicable.
- Be available to accompany residents to evacuation facilities. If needed, function in a dietary capacity at assigned facility until released by Administrator or their designee.
- Supervise the closing of the kitchen. Securely store all equipment and secure the kitchen area.
- Assist with moving residents from rooms to departure areas as needed.
- Assist with transferring residents into departing vehicles as needed.
- Perform all possible clean up, sanitation and related preparations prior to the storm to conserve water supplies, electricity, etc. during the emergency period.
- Prepare food stores and portable meals that can be transported to the receiving facility. If possible, communicate with receiving facility about how much food needs to be transported along with the residents. Food and liquid will probably need to be available during transit.
- Don't overlook staff needs; plan to feed employees during and after the evacuation.
- Use disposable utensils wherever possible.

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Admissions, Activities, Receptionist, Therapy, Business Office

During the evacuation, it is imperative that the hallways along the evacuation route remain free of unnecessary equipment, chairs, etc. It is also important that the movement of residents from their rooms, on elevators and to the departure areas be accomplished in a smooth and coordinated manner. This is the responsibility of the above departments. Once the evacuation process has begun, the following procedures should be followed:

- Brief the Administrator on the evacuation progress of the facility.
- Supervise and/or assist in clearing all hallways along the exits and departure areas.
- Take up positions at elevators and coordinate the movement of residents from floor to floor.
- Assist in the transport of residents from rooms to departure areas.
- Assist in transferring residents into evacuation vehicles.
- Be available to accompany residents to the receiving facilities, serve in a capacity necessary and remain there until released by the Administrator or executive in charge as needed.
- Assist, in conjunction with the Administrator or their designee, with the coordination of resident council activity as appropriate as a means to keep residents informed.
- Take up posts in areas designated as departure or transport areas.
- Keep all doors clear of equipment, chairs, etc.
- Comfort and reassure residents.
- Coordinate resident specific activities as applicable
- Handle telephone and in-person inquiries.
- Keep intercom system clear, and perform all necessary communications and/or announcements throughout the facility.
- Check all residents in departure areas that they are clean, dressed properly, and in possession of all required/essential belongings.
- Be available to assume a supervisory capacity directed by the Administrator or their designee.
- Safeguard all records, including the maintenance of a current backup of all electronic data.
- Assist with contacting family members or individuals responsible for residents to inform them of the intent to evacuate.

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Maintenance

In the event of a building evacuation, it is the primary responsibility of the maintenance department to prepare the building for evacuation. Then, if time permits, secure it as well as possible. Check all rooms and tape doors ("seal" rooms) once the rooms have been vacated. The maintenance department will be responsible for maintaining appropriate inventories of emergency supplies and will also perform any emergency repairs.

- Carry out periodic checks to ensure a continued state of readiness in all buildings and surrounding grounds.
- Document and report any repairs needed for the building and any supplies needed to properly secure the building during a hurricane.
- Mitigate potential fire, airborne and "lay-down" hazards by having an arborist properly prune healthy trees and by removing diseased or dead trees. Road and building signs should be secured to prevent them from becoming projectiles in the event of high winds.
- Essential supplies to be immediately check and re-stocked if low:
  - Check for full supply of fuel, belts, filters, and lubricants for emergency power system.
  - Flashlights and extra batteries.
  - Portable radios with extra batteries. One radio with extra batteries should be available in each residential common area.
  - Materials to secure windows and doors (see *Securing a Facility* section on page 31).
  - Walkie-talkies with extra batteries will be needed for hurricane preparation.
- Outside - Ensure that all potential hazards such as loose boards, metal patio furniture, etc. are secured properly or brought inside and stored.
- LP or Natural Gas tanks – To mitigate fire threat during the event, shut off fuel supply when not cooking or heating. If possible, move small tanks into secure location, or contact local gas supplier for instructions regarding safe storage during the event. For large tanks, ensure that they are securely anchored and grounded. Shut off flow of gas into building.
- Roof - Check all protruding apparatus and mechanical equipment.
- Fuel - Insure that fuel for emergency generator is topped off to full capacity (Appendix N).
- Inside - Check generator periodically to insure that it is working satisfactorily. Ensure that the generator is properly ventilated and that fumes do not enter the building (Appendix N).
- Doors - Insure that all external doors not boarded are working properly.
- Fire Alarms - Test sprinkler system.
- Shutter and secure entire building. Make final rounds of grounds and the facility.
- Post updated emergency phone lists at each residential common area, the kitchen, and offices.
- Advise the Administrator or their designee on the availability of stored supplies.
- Perform a walking check with the Administrator or their designee to check all rooms and equipment prior to vacating the facility.
- Assist in the movement of residents into transport vehicles as needed.
- Be available to accompany residents to receiving facility and assist in any capacity deemed necessary and remain there until released by the Administrator or their designee.
- Be available to fulfill any supervisory position as deemed necessary by the Administrator or their designee.

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Housekeeping/Laundry

Ensure that an adequate level of linens is available to resident areas. Prior to the storm, all available soiled linen should be cleaned and made available for use. Provide for emergency linen supply as needed.

Inventory all supplies and make sure there is at least a two-week supply of cleaning and sterilizing chemicals.

- Enough supplies of linens, blankets, and pillows will be available so the laundry department can close during the hurricane.
- If a third party contractor is used, contact the contractor as appropriate and to replenish supplies, if stores appear to be low.
- Emergency linens for soaking up water spills and leaks.
- Make sure that adequate supplies such as toilet tissue and cleaning supplies are on hand for a minimum of seven days.
- Assist when needed in moving residents to designated areas.
- Make continuous indoor rounds and immediately report any leaks or intrusion of water from doors or windows to command post.
- Contact all laundry and housekeeping personnel to report for duty.
- Supervise the loading of laundry, housekeeping equipment and supplies into various transport vehicles.
- Assign housekeeping and laundry personnel to receiving facilities.
- Supervise the securing of laundry machinery, the laundry and all housekeeping areas.
- Accompany residents to the receiving facility laundry and/or housekeeping capacity, and remain until released by the Administrator or their designee.

Security

Be particularly watchful for any potential fire hazards (locked or blocked doors, broken electrical lines, broken gas lines, etc.), water leaks, water intrusion, or blocked facility access (flooding or large debris on vehicle access). Immediately report findings to the Command Post. Assist maintenance in identifying and mitigating outdoor threats to the facility. Monitor fuel supplies and generator equipment for attempts at theft or looting. Ensure food stocks are secure from theft.

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Direct Care/Nursing

Assisted living facilities work with nurses in a varity of ways. Some ALFs have LPNs and RNs working in the building, others have these clinicicans working for them on contract. Other ALFs rely only on paraprofessional caregivers like certified nursing assistants or otherwise unlicensed staff. For facilities without nurses, these tasks should be assigned to direct care staff based upon the staff members' skills, knowledge, and abilities, also taking into consideration other demands created by the emergency situation.

Provide normal routines to the extent possible:

- Ensure that enough medications and medical supplies are on hand to care for the uninterrupted medical needs of the residents.
- Check all medical supplies periodically to make sure that the proper equipment for treating minor injuries is available.
- Work with the Administrator to notify state regulators of the intention to evacuate or when evacuation is complete. Provide list of resident and staff names.
- Review and prioritize resident care requirements; focus on residents who use portable oxygen and how that will be managed; anticipate health related or cognition problems.
- Coordinate staffing needs based on resident acuity and individualized needs
- Notify all nursing/direct care staff when to report to the facility.
- Designate nursing/direct care supervisors.
- Assist in the movement of residents from rooms to departure areas as needed. Assist in the transferring of residents into transport vehicles as needed.
- Supervise resident removal from the building and the flow of residents. Oversee staff to ensure an ongoing check that residents have some form or identifcation on their persons, including the name of the departing and receiving facilities and contact phone numbers.
- Be available to serve in any capacity assigned by the Administrator or their designee.
- Review and/or revise disaster procedures as needed, and communicate to staff and designated responsible parties that may be involved with the care and treatment of residents.

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Social Services and Therapy

Physical Therapy

- If evacuation is not required, treatments may continue at bedside as appropriate.
- Ensure that the Hubbard tank, or any whirlpool tub, is sterilized then filled with an emergency water supply.

Social Services

- Have up-to-date listing of all employees and their phone numbers.
- Have up-to-date listing of residents with proper family or responsible party contact and their phone numbers.
- Contact family members/guardians of residents and inform them of the intent to evacuate.
- Have up to date listing of Advance Directives.
- Respond to the personal and emotional needs of the residents. Provides a continuous information flow to residents and to coordinate feedback information to responsible supervisors and the Administrator.
- Residents will be informed of threat/event status by Social Services, Activities, or Nursing on a one-on-one basis and in conjunction with Resident Council meetings.

Preparing Residents for Evacuation

To prepare residents for evacuation:

- Conduct yourself in a calm and efficient manner.
- Residents should be dressed appropriately for travel.
- Assure residents have identification with them.
- Assist residents as they pack at least 3 days of personal clothing.
- Safeguard all medical records and release charts with the evacuating residents.
- Assist in the movement of residents from rooms to departure areas for transport.
- Assist in transferring residents into transport vehicles.
- Accompany assigned residents to receiving facility.
- Remain with residents and tend to their needs while in the receiving facility in accordance with job description until released by the Administrator or executive in charge.
- Be available to assist in any capacity assigned by the Administrator, executive in charge, or supervisory staff member.
- Provide cots, sleeping bags, etc. for staff to sleep on, if needed.
- Pack an adequate supply of blankets, bath towels, washcloths, pillows and disposable sheets.
- Supply of linens, pillows, blankets, etc.
- Personal hygiene items.
- Send all adaptive aids - glasses, teeth, hearing aids, and prosthetics - properly labeled.

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EMERGENCY RESIDENT HANDLING

There are standards of practice for resident transfer or handling which are applicable to all disasters.

Three considerations are dominant factors in emergency resident handling:

- the nature of the emergency;
- the weight and condition of the resident; and
- the strength and adaptability of the rescuer.

Assisting someone who is lying face down on floor:

Hip Roll

- Place a blanket (folded lengthwise in half) next to the resident and kneel on it.
- Grasp resident at shoulder and hip, roll toward you onto blanket.
- Grasp corners of blanket and pull resident from room, headfirst.

Ankle Roll

- Place blanket (folded lengthwise in half) next to resident.
- Position self at resident's feet.
- Cross ankle furthest from the blanket, over other ankle.
- Using both hands, press down on top ankle and lift the bottom foot. With a twisting motion, roll resident over on blanket.
- Grasp corners of blanket and pull resident from room, head first.

Removal of someone from a bed:

Removal of someone from a bed takes a bit more practice. Find the one carry method that you can best perform. If you can practice it often enough, the resident's weight and height will not be important factors.

Emergency Carries for One Person

Pack Strap Carry - Face the Head of the Bed

- Grasp resident's nearest wrist with your nearest hand, palm down. Raise resident's arm.
- Grasp resident's other wrist by slipping your free hand under his arm.
- Pull resident to a sitting position by stepping backward.
- In a continuous operation:
- Lift resident's arm over your shoulders as you turn toward the foot of the bed.
- Cross resident's arms over your chest pulling down firmly. (Caution: bring your shoulder tight up into resident's armpit.)
- Turn toward the head of the bed and your forward momentum will roll resident on to your back.
- Carry the resident from the room in a stooped position.

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Hip Carry - Face Resident

- Grasp resident's farthest wrist, palm down with head closest to head of bed.
- In a continuous operation:
- Turn toward head of bed.
- Place resident's arm over your head and around your neck.
- Sit on bed, slip free hand around resident's back and grasp resident at armpit.
- Secure upper half of resident's body firmly against you.
- Grasp resident around knees with free hand.
- Pull resident on to your back. Stand and walk away in a slightly stooped position. Pass through doorways side ways, being careful not to strike resident's head against the wall or door jam.

Emergency Removal Of Resident From Bed When Working Alone

Cradle Drop - Place Blanket Parallel to Bed

- Slip both arms under body and pull resident toward the edge of bed.
- Drop to knee nearest the head.
- Pull lower half of body from bed so that extended knee supports resident's hips.
- Use both arms to lower upper body of the resident to the floor.
- Let legs slide gently to blanket. Grasp corners of blanket and pull resident from room, head-first.

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Emergency Carries For Two Or More Persons

Wing Carry - Person at Resident's Head Gives Command

- First person rises resident to a sitting position by placing one hand under resident's neck and grasping far shoulder. With other hand, grasp upper biceps.
- Simultaneously: Second person swings resident's legs off of the bed.
- Both rescuers:
- Sit on bed next to resident.
- Place resident's arms around their own neck.
- Reach arms around resident's waist, grasping each other's arms behind resident.
- Reach under resident's knees grasping wrists or using a finger-locking grip.
- Stand and walk close to resident. Hips support the weight.

Extremity Carry

- Raise resident to sitting position by placing one hand under resident's neck and grasping far shoulder. With the other hand, grasp under biceps.
- Slip your arms under residents and lock them across his chest.
- Second man grasps ankles of resident. Separate legs and back between them, grasping resident at the knees.
- Remove resident from room, feet first.

Three Person Carry

- First rescuer - one hand under resident's shoulders - other above waist.
- Second rescuer - one hand above and one below hips.
- Third rescuer - one hand above knees, one above ankles.
- Move resident to edge of bed, assume somewhat semi-kneeling position, lift and roll resident high on your chest.
- Remove resident from room feet first.

Four Person Carry

- Procedure is basically the same in above three-person lift; only in this case after lifting resident from bed, the resident is lowered to the floor on top of a blanket already spread by the fourth person. Fourth person assists in lowering resident to blanket. Person lifting at the knees and ankles then positions himself on same side as fourth person.
- One rescuer at each side of resident's shoulders and knees.
- Head rescuer grip blanket above shoulders and opposite elbows.
- Other rescuer grip blanket 6 inches above and below the knees.
- All rescuers roll blanket tightly to resident.
- Lift and carry resident with arms extended. In going down stairs, resident is feet first.

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TRANSPORTATION

Finding transportation during an evacuation and in the aftermath of a hurricane or other devastating event can be impossible, yet being able to move residents safely, and provide for their needs during an extended power outage, is critical. Administators are responsible for pulling together the staff, vehicles, assignment of roles, and providing any specialized training needed to secure transportation for the residents living at their assisted living facility. Spend time thinking about the best primary and secondary routes of departure in the case of an evacuation. Remember that the time it takes to travel from one location to another can be tripled during a crisis involving evacuations. Florida's State Emergency Response Team has provided county-by-county evacuation routes which may be viewed by visiting: http://www.floridadisaster.org/PublicMapping/index.htm.

If the facility will be using facility-owned vehicles during an evacuation, these vehicles should be stored in the safest manner possible. Designate one person to be responsible for accepting keys, seeing that the keys are marked, and that the vehicles are fueled and parked for easy availability if needed for evacuation. Do this several days in advance of the storm.

If the facility does not own transport vehicles, transportation for the residents should be arranged through a local bus company. A deposit will be required and a letter of agreement crafted. Spend some time on this letter of agreement as it will need to address both pre-storm and post-storm transportation. Some facilities negotiate agreements to use buses from schools driven by drivers or facility drivers with Commercial Driver's License with Class B endorsement (CDL-B). Depending upon the location of the sheltering facility, transport could be a short distance across counties.

If a truck is required for moving food stores and bedding, facilities should contact a truck rental organization in their immediate area prior to the storm. The facility must place a deposit on the largest truck available. This should be covered with a letter of agreement, which will state, "This truck is guaranteed to XYZ facility in the event of an emergency. The Administrator will contact the rental company as soon as it is apparent that the truck will be needed." **Do not wait** until the morning of the transfer or evacuation to get the truck. Also, have the truck arrive at the facility before the evacuation if possible to allow packing of items that can be pre-loaded.

Assisted living facilities are considered privately owned organizations and most local governments will not give much assistance in the event of a major emergency. That being said, if the evacuation process is progressing slowly or the emergency is developing quickly, request additional emergency assistance from County Emergency Operation Centers (Appendix E) and non-government entities.

At the onset of emergency activities, decision makers will need to consider the nature of the emergency and whether to evacuate. Compare the expected time it will take to evacuate and reach the designated receiving facility with the expected arrival of the storm. Remember; do not initiate travel in tropical storm winds (40 mph).

Refer to both the Transportation section under *Evacuation of an Assisted Living Facility* and Appendix T for more information and a handy checklist for evacuation planning.

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ALF AS EMERGENCY SHELTER

Serving as the Receiving Facility

Providing assistance during times of need can be the difference, quite literally, between life and death. Taking in evacuees from impacted facilities can create new strains upon existing staff, supplies, and infrastructure. While functioning as an emergency shelter can and does provide a great humanitarian service and can unite people in the most difficult of times, it should receive great attention and as much pre-planning as possible.

Locate your state's rules & regs on an ALF serving as an Emergency Shelter.

States may have their own laws and regulatory directives for assisted living facilities serving as emergency shelters. Florida regulations require that ALFs operating as emergency shelters be able to meet the needs of all the existing and entering residents and that the facility report over capacity and general conditions to the Agency for Health Care Administration's Assisted Living Unit in Tallahassee, s. 58A-5.026 (5), Florida Administrative Code (Appendix B).

Residents Arrive at the Receiving Facility

- Schedule staff to assist residents in unloading the vehicles
- Staff accompanying the evacuees will be exhausted. DO NOT leave them alone!
- Assist residents in getting showered, change clothes, have a meal, and to rest.
- Work with incoming staff to identify residents who may need extra attention, especially those who may be disoriented, agitated, or prone to wander.
- Contact the responsible party with an update of the progress of the evacuation.
- Use the incoming facility's resident log to verify that all residents on the buses have been checked into the receiving facility.

Being in Charge

The Administrator of the receiving facility is responsible for the residents of the evacuating facility. Therefore he/she will be in charge of the incoming staff, including scheduling. Administrators from both facilities will need to exemplify their utmost professionalism so that their staffs will be able to coordinate efforts to assist residents.

Reporting to State Authorities

State requirements differ, but in Florida, if an ALF is directed to evacuate by the County Emergency Operation Center (Appendix E), then they must report back within 6 hours of the evacuation order to the same office, s. 58A-5.026(4) Florida Administrative Code (Appendix B).

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BUSINESS OPERATIONS

The Chief Financial Officer (CFO) has responsibility before, during and after a disaster to insure the Business Office has the capability to support the efforts of all Departments in the acquisition of necessary supplies and services financially, unless otherwise designated. The protection of all information systems to provide for continuity and documentation to maximize cash flows must be maintained.

Computer Hardware
All hardware, including printers, should be moved to a secure location. At a minimum, all hardware should be moved to an interior area and sealed in plastic to prevent damage from water and debris.

Computer Software and Licenses
Maintain a complete listing of all software applications and their licenses in a secure location. Contact, name, address and telephone information should be included along with the licensing agreement. Copies of the software should also be safely stored should a system need to be restored or reconfigured upon return to service.

Systems backup
In-house systems: Typically files are backed-up nightly or weekly depending on system procedures. This is particularly important should there be no or little warning of an impending disaster. Back-up data should be maintained offsite in a secure location. Disaster preparedness calls for multiple back-ups at offsite locations strategically planned to ensure that at least one back-up survives the disaster and is accessible. If the primary back-up location is a nearby bank vault, be aware that you may not have access to this location for some time post disaster.

Back-up procedures should be tested periodically to ensure that all necessary system and program files are being duplicated as expected. This procedure should be conducted prior to system shut down in anticipation of a disaster. Remember, if your server is destroyed and it, along with the back-up tapes are several years old, the tapes may not be readable by a newer model of server.

Online Service: If your system is based on a dial in service to a remote host, ensure that all data is transmitted prior to system shut down.

Password Protection
If your system maintains password protection on sensitive files (and it should), make sure that several key personnel have knowledge of these passwords prior to system shut down. It will be necessary to reinstall new password codes after the disaster to maintain system integrity.

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FINANCIAL RECORDS

Historical Records

In order to preserve important financial history and support claims for insurance, tax and reimbursement claims, it is necessary to secure historical records. The following documents should be secured, offsite if possible:

Tax Returns	3 years
Financial Statements	3 years
General Ledgers	3 years
Fixed Assets/Depreciation Schedules	Since inception

Check Supply

As you may require the ability to process checks to acquire supplies as well as pay employees after a disaster, it is necessary to ensure that an adequate supply of checks be available on all bank accounts maintained in a secure location.

Check Signers

A controlled list of authorized check signers should be maintained at all times. Prior to an impending disaster it may be necessary to expand this list to ensure that the necessary signatories are available. The authorizations can be limited to amounts certain for the protection of the assets of the entity and care should be taken to file new authorizations with financial institutions post disaster to remove such individuals from signing authority if no longer necessary.

ATM cards and facility credit cards

If time allows, additional cards should be ordered so that multiple authorized signers would have access to purchasing in this manner. At a minimum, increased credit limits should be requested to ensure availability of credit throughout the disaster. A list should always be maintained reflecting all individuals with cards and purchases should be monitored after the fact. This is a good source of documentation for filing insurance claims and requests for reimbursement. During disasters wide spread power outages are common so having cash on hand for purchases is recommended.

RESIDENT FUNDS

In the event that an ALF manages personal funds for the residents, the facility must maintain accurate accounting for resident funds. It is imperative that an updated accounting is maintained which identifies each resident's available resources. As residents may be transferred to other locations during the course of the disaster, a copy of the balance with enclosed cash or check ensures the resident has funds available at all times.

It may be necessary prior to the disaster to increase the amount of petty cash available to residents from the trust fund. An accurate record must be maintained for all withdrawals so be sure to include a receipt book in the petty cash box. Residents must sign for all withdrawals or two staff members can co-sign for a withdrawal.

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PURCHASING

Vendor contracts with credit terms

If time allows, preparations should be made to increase credit limits with all suppliers of goods and services. Additional vendors should be contacted to allow for the contingency of availability. Particular attention should be paid to necessary resources described in other areas of the manual:

- Nursing, medical and drug supplies
- Emergency and non-emergency transportation
- Hospital transfer agreements
- Staff temporary agencies

Access to Cash

Ensure sufficient cash is on hand with several key staff members or department heads. They should have sufficient cash resources to perform their necessary functions during the course of the disaster.

REIMBURSEMENT

Insurance Claim

A detailed inventory of losses including furniture, equipment, supplies and other fixed assets should be determined in comparison to the pre-disaster list of items.

- All items damaged should be identified based on the extent of their damage and expected useful life.
- Any items totally destroyed or a total loss should be identified and estimated based on facility records and market replacement.

The loss of resident revenue streams due to transfers and closure can be accounted for and claimed if the facility had coverage for business interruption. This coverage should be considered when determination is made whether to bill for the residents transfer or allow the receiving facility to bill on behalf of the residents.

Program Billing for Medicaid Waiver Residents

- Transfers must be determined as permanent or temporary. If temporary, the facility may continue to bill, but must pay for the service rendered by the receiving facility.
- If the receiving facility is a permanent placement, the receiving facility should bill for services rendered to residents.
- Make arrangement for the placement of the resident based on the facility's Medicaid rate vs. the receiving facility's Medicaid rate and whether or not you have Business Interruption Insurance to cover the loss of the resident day.

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General Post Disaster Operations

- Immediately after an emergency, take steps to resume operations.
- Establish a recovery team as necessary and conduct an employee and resident briefing. Consider options and decide priorities for resuming operations.
- Assess remaining hazards and work to ensure the safety of personnel on the property. Maintain security at the incident scene.
- Protect undamaged property. Close up building openings. Remove smoke, water, and debris. Protect equipment against moisture. Physically secure the property. Restore power or stay in close contact with your power company for restoration.
- Separate damaged repairable property from destroyed property. Keep damaged property on hand until an insurance adjuster has visited the premises.
- Contact your insurance agent or company. Make early arrangements for payment advance from the insurer.
- Take an inventory of damaged goods. This is usually done with the adjuster or the adjuster's salver if there is any appreciable amount of goods or value. If you release goods to the salver, obtain a signed inventory stating the quantity and type of goods being removed.
- Keep detailed records. Appoint one person to take charge of accounting for all damage-related costs, tracking all receipts and every dollar spent for repairs and loss mitigation. Consider audio recording all decisions. Take photographs of or videotape the damage.
- Restore equipment and property. For major repair work, review restoration plans with the insurance adjuster and appropriate government agencies.
- Assess the value of damaged property. Assess the impact of business interruption.

FEMA Public Assistance Grant Program

The Federal Emergency Management Agency Public Assistance Program allows for supplemental financial assistance to state, local governments and certain private non-profit organizations for response and recovery activities required as a result of a disaster. It is a supplemental cost reimbursement program with specific eligibility requirements. The FEMA share of eligible costs will be awarded to the State for disbursement to the applicant.

Private non-profit entities providing custodial care are specifically eligible for the program. Facility eligibility requirements include:

- Facility damaged as a result of a declared event.
- Located within an area declared by the President.
- Facility is the legal responsibility of an eligible Applicant.
- Facility is in active use at the time of the disaster.
- Facility not under the authority of another federal agency.

Types of eligible work include emergency work (i.e. debris removal and emergency preventive measures) and permanent work. Eligible permanent work includes:

- Repair, restore or replace damaged facilities in accordance with regulations.
- Restore to pre-disaster design, capacity and function in accordance with codes and standards.
- The work must be required as a result of the disaster.
- May include cost effective hazard mitigation measures.

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Eligible direct costs covered are:

- Salaries, wages and fringe benefits (for emergency work, only overtime including fringe benefits is eligible).
- Applicant owned equipment.
- Contract costs incurred for eligible work, including engineering/design services.

Insurance requirements are:

- Actual or anticipated insurance proceeds will be deducted from the eligible project costs for facilities that are insured.
- All applicants are required to obtain and maintain insurance on all insurable facilities, as a condition of Public Assistance funding.
- Additional specific requirements will be applied to all flood damaged facilities located within the Special Flood Hazard Area.

Obtaining a Public Assistance Program Grant

"Immediate Needs Funding" is an advance of grant funds to assist in paying for urgent emergency work completed or requiring payment within 60 days after the disaster.

The project worksheet provides damage description and location list with actual or estimated costs. It also lists the scope of work necessary to repair disaster damage. In addition, it identifies all special consideration issues, such as environmental requirements or historic preservation.

Submission time limits

Request for Public Assistance – 30 days after designation
Project Worksheets – 60 days after kickoff meeting

Project Completion time limits

Time limits for all projects begin the date of the disaster declaration:

Emergency work – 6 months
Permanent work – 18 months

Final project review

All projects are subject to final State/FEMA review. Accurate records of expenses must be maintained.

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Applicant Responsibilities that Ensure Funding is obtained in the Shortest Amount of Time

- A timely submission of the Request for Public Assistance on which a knowledgeable representative is identified.
- List of Damages, Project Worksheet, Hazard Mitigation Proposal.
- Have available copies of current codes and standards that apply to the repair of the disaster damage.
- Provide copies of insurance policies and other insurance documentation of loss computation and settlement.
- Maintain complete and accurate documentation, by project, of all disaster-related costs.

Additional information can be obtained from:

- FEMA's web site: www.fema.gov or by calling 1-800-621-FEMA;
- Florida Division of Emergency Management, 1-800-342-3557;
- your County Emergency Operation Center (Appendix E); or
- your Public Assistance Coordinator.

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INSURANCE PERSPECTIVE

Before the Disaster

Many companies discover that they are not properly insured only after they have suffered a loss. Even with adequate time to prepare for a disaster, you may still suffer significant and unavoidable damage to your premises. Lack of appropriate insurance can be financially devastating. Your best strategy is thorough investigation and preparation before an emergency situation occurs.

1. Discuss the following topics with your insurance advisor to determine your specific needs:

    - How will property be valued? Replacement Cost, Actual Cash Value?
    - Does the policy pay the additional cost to bring the facility to meet state regulatory requirements and/or building codes?
    - What perils, or causes of loss, does the facility policy cover?
    - What are the deductibles by line of coverage?
    - What does the policy require the facility to do in the event of a loss? What steps must be taken to get the claim paid?
    - What types of records and documentation will the insurance company require the facility to produce to pay a claim?
    - To what extent is there coverage for loss due to interruption of power? Is coverage provided for both on- and off-premises power interruption?
    - Is there business income coverage in the event the facility is totally or partially closed? If so, are there adequate coverage limits? For what time period is coverage provided? How long is the business income coverage if the facility is closed by order of civil authority?
    - Is there coverage for business income after the facility reopens, but has an income loss due to low census during the post-loss "ramp up" period?
    - What are the extra expense limits, which will provide funds to reduce the business income loss, such as overtime and special bonus to employees for the staff, rental fees for emergency generators (see Appendix N) and other equipment, moving expenses (including moving residents and staff to neighboring facilities) and other expenses incurred to get the facility up and running again?

2) Compile a list of all policies including the following information and update annually:

    - List agent contact information with cell phone numbers and e-mail addresses.
    - List of all insurance carriers' names, phone numbers, e-mail addresses.
    - How to contact insurers directly if agent is unavailable or facility is unable to contact agent.
    - Keep a copy of your completed list, both on and off premises.
    - List of every insurance policy including insurance carrier, policy number and policy period.

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3) Fully document the extent and value of your property:

   - Make a video and take photos of your premises, showing what everything looked like beforehand; send via overnight courier service to an out-of-state location.
   - Collect financial information and historical purchase documentation to assist in proving values after the loss; send copies via overnight courier service to an out-of-state location.

4) Know the procedure and contact information for the FEMA Public Assistance Program. Under the provisions of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), as amended, supplemental financial assistance for response and recovery activities required as a result of a disaster may be available to private non-profit entities. Custodial care facilities are specifically eligible.

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RE-ENTRY PLAN

Re-Entry Protocols After Evacuation

Everyone will be eager to return to their home assisted living facility after the stress and upset of an evacuation. Facility personnel, to include Maintenance, Environmental Services, and Dietary, will perform necessary preparations to restore the facility for re-entry. Residents will be transported back to the facility in the same fashion in which they were evacuated. Traffic may still be unexpectedly heavy, so stock vehicles with water and snacks if a long ride is anticipated.

Locate your state's rules & regs on re-entering your facility after an evacuation.

Different states may have mandated re-entry regulations. In Florida, *if* the County Emergency Operation Center (Appendix E) has ordered an ALF to evacuate, the area must first be cleared for re-entry by the same office or its designee, and the facility must be able to meet the immediate needs of the residents, 58A-5.026 (4) Emergency Management, Florida Administrative Code (Appendix B).

Concerns by Florida regulators have also been raised about testing the indoor air quality of a facility when building materials have been saturated during a storm and not immediately dried. Water damage can lead to the growth of mold which can be harmful to residents and employees. Appendix O includes Florida's Agency for Health Care Administration's recommendations for testing the indoor air qualtiy of facilities.

The key point here is to not to be too hasty in returning to the facility. Be sure that utilities have been restored to support the facility operations.

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COMMUNICATION

Under normal circumstances, communication with internal and external customers is essential to the assisted living facility. The need to communicate clearly and efficiently increases during and immediately after a disaster. A communication failure can be a disaster in itself, placing the lives of residents and staff at risk. Communication is needed to:

- Report and record emergencies;
- Warn personnel of danger;
- Keep families, responsible parties, residents, and off-duty employees informed;
- Coordinate response actions; and
- Maintain contact with outside health care providers, agencies, venders and suppliers.

Do your communication homework in advance by sending a letter to family members at the beginning of hurricane season reminding them of your policies and plans (Appendix K).

Emergency Communications

In a disaster situation, normal means of communication may become unreliable or nonexistent. Survivors of recent disasters found both land-line and cellular phones non-functional because of downed or severed phone lines and collapsed cellular phone towers. The few remaining functional telephone circuits were overwhelmed with calls, severely restricting their usefulness.

Methods of communication in a disaster include:

- National Oceanic & Atmospheric Administration (NOAA) weather radios are inexpensive and are available at electronic stores. These provide the latest weather developments, warnings, and watches.
- Designated individuals may need to hand deliver important messages in the aftermath of a disaster, once officials have determined that it is safe to leave protective structures.
- Telephones (both cellular and landline if operating). Have at least one landline phone with a cord between the hand-receiver and the main body of the phone.
- Two way radio (always keep walkie-talkies in a charger, ready to go).
- Fax machine (if phones are operable).
- Internet or local area networks (if computer systems are operative).
- CB or Ham radios.
- Through the media, TV and radio announcements.
- Satellite phone systems. Ask whether or not your satellite phone system links to more than one satellite in your own geographic region; ideally, it will link to multiple satellites in various geographic regions. Satellite phones work best out-of-doors.

If telephone service is not available during an emergency, assisted living facilities in Florida are required to request assistance from local law enforcement or emergency management personnel in maintaining communication, s. 59A-5.026 (3) (b), FAC. Include this provision in your emergency management plan and document when you make this request and the response you receive.

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Note: Communication devices requiring electricity may need to be moved closer to outlets that can be served by a generator. Typically a business office does not have an emergency generator outlet, thus creating the need to determine accessibility needs for fax machines, computers, and any other type of communication equipment which may be required during and after a disaster. (See Appendix N for more on generators.)

Warning System

Establish a system for warning personnel of an emergency. The system should:

- be audible
- be within view of all people in the facility
- have an auxillary power supply
- have a distinct and recognizable sound

Make plans for warning persons with disabiliites. For example, a strobe light could be used to alert hearing-impaired individuals. Familiarize personnel with appropriate response procedures when the warning system is activated through drills. Establish procedures for informing visitors and others who may not be familiar with the facility's warning system. Test each portion of your facility's warning system routinely. Document the tests performed, their effectiveness, and any needed improvements.

Contingency Planning

- Prioritize facility communications and determine which should be restored first.
- Establish procedures for restroing communications systems.
- Talk to your communications vendors about their emergency response capabilities.
- Create backup communications plans for each essential function.

Making Contact with Family or Representatives

At all times have a readily available list of resident contacts which can be moved at a moment's notice. Consider contacting more than one family member or health care surrogate, too, for each resident. Prepare a telephone tree and have employees call family members to assure them of their family member's safety and to advise them of the facility's plan for operations during the crisis. Give them two phone numbers where someone from the facility can be reached who can answer their questions and advise them of the status of the facility: a landline number and a cell phone number. Remind family that during severe conditions, telephone contact may be lost. Ask for several phone numbers or verify the numbers on file for the family member or surrogate. If incidents do occur during emergency operations, notify family members as soon as possible.

Facility policy may also include arranging for family or responsible parties to collect residents prior to the start of an environmental crisis, i.e. a hurricane. Include any such policies in the family communication letter that should be sent at the beginning of any regular periods of potential hazards, e.g. hurricane season (Appendix K).

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Make sure residents or nursing staff contact the physician for each resident to secure special instructions and a 30-day medication order, as appropriate. Secure telephone numbers where the physicians can be reached if landlines are down. Instant contact with the physician is vital in an emergency. These situations are stressful and can impact health.

Contact the County Emergency Operation Center for special instructions. Keep them advised as to what you are doing and where you are going. If their instructions differ from your emergency plan, advise them of that and ask for reconsideration. If they persist in requiring you to follow their instructions, document all conversations and advise them of your concerns.

In Florida, contact the Area Office of Agency for Health Care Administration and keep them advised every step of the way. While rules and regulations may be bent during an emergency they are rarely totally suspended. If you have an adverse incident, contact the Area Office and get your report filed as soon as you can. ALFs in Florida should also record *major incidents* (Appendix D). Contact your attorney and check in on a daily basis. Sometimes just talking to someone who is familiar with the legal requirements and who is not in the "thick of things" like you are is extraordinarily helpful. If you are having problems with physicians, County Emergency Operation Center personnel or AHCA, sometimes a well-placed call from your attorney can lead to finding a meeting ground. Emotions run high in emergencies and a cool head may be all you need to get through the current mini-crisis that is occurring. Whenever you sense dissension with governmental authorities or family members, an incident occurs, or you are concerned about meeting legal requirements during a situation, contact your attorney for instructions. Doing so may protect the information you gather from use in a lawsuit against you.

Document ALL of your contacts – you may need it later.

Designate a Historian or Record-Keeper

One person should be responsible for documenting the chain of events that occurs during your emergency. At the end, each participant should share with the historian the contacts that they made and the results of that contact. The historian should coordinate a record of what transpired and what decisions were made. This permits you to address criticisms of your actions with concrete facts, including times and people involved, as well as giving you a basis to learn from your mistakes.

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Building a Record

Documentation is critical in a crisis as staff is fragmented and routines are not followed.

1) Each resident should have a mini chart including the following information:

• Resident/resident full name. • No known allergies (NKA), or list food/medi cation allergies (in red). • Critical diagnosis (seizures, they wander, etc.).	• Facility initials. • Name of physician and name of responsible parties with contact numbers for each. • Note if Resident/Resident is a "Do Not Resus citate" (DNR) if DNR status applicable.

2) An individual designated as the historian should be responsible for ultimately drawing all information and documentation regarding the event together. Each staff person or volunteer should carry a notepad to jot down any information that appears out of the ordinary.
3) If residents must be transported in an unusual or unexpected way, document how each resident was prepared for travel, protected from incident, and supplied with the necessities for their care.
4) All medications and treatments should be "charted" in a notepad if no charts are available.
5) Mini-incident reports should be prepared if something unusual occurs which adversely impacts the residents.
6) If residents are being transported to another facility, document what occurs for the duration of the relocation. Even when the staff of the host facility are caring for the displaced residents, if relocated individuals have not been officially discharged from their home facility, the home facility remains responsible for their well-being. The Administrator or their designee should oversee and document the care and treatment of displaced, but not discharged, individuals.
7) If the care and treatment being rendered to any resident is substantially different from their usual care and treatment, fully document the reasons for the deviation and support with facts.

Communication Problems

During crises telephone service is often interrupted. One will need a way of communicating with staff without reliance on outside communication sources. Families need to be warned that communication may be disrupted and not to panic if/when they cannot contact their relative or the facility. Staff persons need to be so well trained and responsibilities so clearly delegated that a lack of telephone communication does not hamper their ability to care for the residents. No resident should be in a situation where a staff person is not within shouting distance. Proper preparation will allow the facility to continue smooth operations, even when communication is lost.

Risk Issues

Injury resulting from negligence or accidents can occur during an emergency situation. While facility staff should do everything possible to prevent injury, sometimes crisis circumstances make injury inevitable. Minimize risk by:

- Identifying residents with special risk and providing them extra protection.
- Solicit healthier, more agile residents to serve as additional eyes and ears.
- Have facility staff familiar with the residents make rounds to discover problems and/or concerns before they cause injury. Outside staff or volunteers do not know the residents and are likely to be overwhelmed by the added responsibility.

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Risk Issues - continued

- Dignity and privacy do not disappear during an emergency. While conditions may preclude the ability to afford the same level of privacy as normally enjoyed under normal circumstances, try to give each resident as much dignity as possible. Grouping residents according to need (i.e., placing wandering residents together) creates the opportunity to accommodate individual needs more readily. This will also allow staff to operate more efficiently.
- Diabetic residents present a special risk. Since mealtimes may be delayed, have snacks available for them and delegate to someone to see that they are delivered to each resident, that the resident eats them, and that the consumption is documented.
- Confused residents may suffer depression or other emotional or psychological problems as a result of the situation. Be certain that social service staff is available to work with these residents. During times of crisis staff are facing multiple simultaneous responsibilities. Advanced planning to meet address residents' unique needs by appropriate staff will help avoid difficulties later on.
- Even when a well-developed disaster preparedness plan has been implemented, it can be thwarted at various stages. Governmental authorities, particularly those with no knowledge of the special challenges facing assisted living facilities, may not let you follow your plan. If this is the case, be sure that they understand the reasoning and the planning that has been invested in determining your approach. If this does not change their minds, a call to the Agency for Health Care Administration for help may be necessary. Should incidents occur that would have been avoided by following the facility's established plan, call and advise the interfering entity and AHCA of the situation and that it could have been avoided. Urge them to let you modify their instructions to more closely follow what you, the professional, thinks will work for the residents you know. And document EVERYTHING.
- Advance Directives are very important here. If caring for residents with *Do Not Resuscitate Orders* (DNRs), be sure the paperwork is readily available and that the staff providing care know which residents have DNRs. Use a system of resident identification which does not violate dignity. Make sure that staff assigned to residents is trained in CPR. Most decisions involving life or death will not need to be made. But emergency decision makers and staff need to know as much as possible about the residents' advance decisions, and to be able to quickly identify residents with DNRs.
- Residents who normally make their own medical decisions may become confused or disoriented by the crisis events and require a surrogate or proxy. Bring a copy of each resident's surrogate designation to the receiving facility. If a surrogate designation form does not exist, have information identifying those family members who would be assigned as proxy. Do not assume that because the designated proxy/surrogate is known and readily available to the home facility that the surrogate will be available during a crisis. Having this information on file and readily available before the need arises can mitigate many problems later. For example, if a resident has to be hospitalized, that individual may not receive prompt care if an appropriate surrogate cannot be quickly contacted. Health problems will develop during a crisis and staff must be prepared to deal quickly with them.

Resident Identification: See the sample protocol in *Appendix Q*.

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IN CONCLUSION - PLANNING FOR THE FUTURE

Monday morning quarterbacks, politicians, and lawyers will analyze and criticize every action taken during a crisis situation. Proper documentation is critical and essential. Avoid problems by not permitting personnel to perform functions beyond their training. By proactively planning, coordinating, and delegating, the facility's professional staff is given the tools necessary to make competent decisions based upon priority while continuing to meet the needs of your residents. The emphasis of any plan must be on the health and safety of the resident.

Whenever one is unsure as to how the state authorities or the Emergency Management Office will perceive planned actions, call them and get their input. If the state authorities recommend a better way, listen to them – *be flexible*. Whenever you talk to anyone, document their name and position along with their instructions. Take orders only from those with the authority to give them. That person may not be the individual expected, because in emergencies others may be called upon to step in and help. If one is going to change methods based upon the advice/direction of a government agent, ensure that the person to whom you are talking has the appropriate expertise. If it becomes necessary to make decisions in the best interest of a resident, attempt to contact the family or the designated representative and obtain their consent.

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APPENDIX A

Statutory Reference: 429.41 Florida Statutes

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Statutory Reference: 429.41 Florida Statutes

429.41 Rules establishing standards.--

(1) It is the intent of the Legislature that rules published and enforced pursuant to this section shall include criteria by which a reasonable and consistent quality of resident care and quality of life may be ensured and the results of such resident care may be demonstrated. Such rules shall also ensure a safe and sanitary environment that is residential and noninstitutional in design or nature. It is further intended that reasonable efforts be made to accommodate the needs and preferences of residents to enhance the quality of life in a facility. In order to provide safe and sanitary facilities and the highest quality of resident care accommodating the needs and preferences of residents, the department, in consultation with the agency, the Department of Children and Family Services, and the Department of Health, shall adopt rules, policies, and procedures to administer this part, which must include reasonable and fair minimum standards in relation to:

(a) The requirements for and maintenance of facilities, not in conflict with the provisions of chapter 553, relating to plumbing, heating, cooling, lighting, ventilation, living space, and other housing conditions, which will ensure the health, safety, and comfort of residents and protection from fire hazard, including adequate provisions for fire alarm and other fire protection suitable to the size of the structure. Uniform firesafety standards shall be established and enforced by the State Fire Marshal in cooperation with the agency, the department, and the Department of Health.

1. Evacuation capability determination.--

a. The provisions of the National Fire Protection Association, NFPA 101A, Chapter 5, 1995 edition, shall be used for determining the ability of the residents, with or without staff assistance, to relocate from or within a licensed facility to a point of safety as provided in the fire codes adopted herein. An evacuation capability evaluation for initial licensure shall be conducted within 6 months after the date of licensure. For existing licensed facilities that are not equipped with an automatic fire sprinkler system, the Administrator shall evaluate the evacuation capability of residents at least annually. The evacuation capability evaluation for each facility not equipped with an automatic fire sprinkler system shall be validated, without liability, by the State Fire Marshal, by the local fire marshal, or by the local authority having jurisdiction over firesafety, before the license renewal date. If the State Fire Marshal, local fire marshal, or local authority having jurisdiction over firesafety has reason to believe that the evacuation capability of a facility as reported by the Administrator may have changed, it may, with assistance from the facility Administrator, reevaluate the evacuation capability through timed exiting drills. Translation of timed fire exiting drills to evacuation capability may be determined:

(I) Three minutes or less: prompt.

(II) More than 3 minutes, but not more than 13 minutes: slow.

(III) More than 13 minutes: impractical.

b. The Office of the State Fire Marshal shall provide or cause the provision of training and education on the proper application of Chapter 5, NFPA 101A, 1995 edition, to its employees, to staff of the Agency for Health Care Administration who are responsible for regulating facilities under this part, and to local governmental inspectors. The Office of the State Fire Marshal shall provide or cause the provision of this training within its existing budget, but may charge a fee for this training to offset

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its costs. The initial training must be delivered within 6 months after July 1, 1995, and as needed thereafter.

c. The Office of the State Fire Marshal, in cooperation with provider associations, shall provide or cause the provision of a training program designed to inform facility operators on how to properly review bid documents relating to the installation of automatic fire sprinklers. The Office of the State Fire Marshal shall provide or cause the provision of this training within its existing budget, but may charge a fee for this training to offset its costs. The initial training must be delivered within 6 months after July 1, 1995, and as needed thereafter.

d. The Administrator of a licensed facility shall sign an affidavit verifying the number of residents occupying the facility at the time of the evacuation capability evaluation.

2. Firesafety requirements.--

a. Except for the special applications provided herein, effective January 1, 1996, the provisions of the National Fire Protection Association, Life Safety Code, NFPA 101, 1994 edition, Chapter 22 for new facilities and Chapter 23 for existing facilities shall be the uniform fire code applied by the State Fire Marshal for assisted living facilities, pursuant to s. 633.022.

b. Any new facility, regardless of size, that applies for a license on or after January 1, 1996, must be equipped with an automatic fire sprinkler system. The exceptions as provided in section 22-2.3.5.1, NFPA 101, 1994 edition, as adopted herein, apply to any new facility housing eight or fewer residents. On July 1, 1995, local governmental entities responsible for the issuance of permits for construction shall inform, without liability, any facility whose permit for construction is obtained prior to January 1, 1996, of this automatic fire sprinkler requirement. As used in this part, the term "a new facility" does not mean an existing facility that has undergone change of ownership.

c. Notwithstanding any provision of s. 633.022 or of the National Fire Protection Association, NFPA 101A, Chapter 5, 1995 edition, to the contrary, any existing facility housing eight or fewer residents is not required to install an automatic fire sprinkler system, nor to comply with any other requirement in Chapter 23, NFPA 101, 1994 edition, that exceeds the firesafety requirements of NFPA 101, 1988 edition, that applies to this size facility, unless the facility has been classified as impractical to evacuate. Any existing facility housing eight or fewer residents that is classified as impractical to evacuate must install an automatic fire sprinkler system within the timeframes granted in this section.

d. Any existing facility that is required to install an automatic fire sprinkler system under this paragraph need not meet other firesafety requirements of Chapter 23, NFPA 101, 1994 edition, which exceed the provisions of NFPA 101, 1988 edition. The mandate contained in this paragraph which requires certain facilities to install an automatic fire sprinkler system supersedes any other requirement.

e. This paragraph does not supersede the exceptions granted in NFPA 101, 1988 edition or 1994 edition.

f. This paragraph does not exempt facilities from other firesafety provisions adopted under s. 633.022

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and local building code requirements in effect before July 1, 1995.

g. A local government may charge fees only in an amount not to exceed the actual expenses incurred by local government relating to the installation and maintenance of an automatic fire sprinkler system in an existing and properly licensed assisted living facility structure as of January 1, 1996.

h. If a licensed facility undergoes major reconstruction or addition to an existing building on or after January 1, 1996, the entire building must be equipped with an automatic fire sprinkler system. Major reconstruction of a building means repair or restoration that costs in excess of 50 percent of the value of the building as reported on the tax rolls, excluding land, before reconstruction. Multiple reconstruction projects within a 5-year period the total costs of which exceed 50 percent of the initial value of the building at the time the first reconstruction project was permitted are to be considered as major reconstruction. Application for a permit for an automatic fire sprinkler system is required upon application for a permit for a reconstruction project that creates costs that go over the 50-percent threshold.

i. Any facility licensed before January 1, 1996, that is required to install an automatic fire sprinkler system shall ensure that the installation is completed within the following timeframes based upon evacuation capability of the facility as determined under subparagraph 1.:

(I) Impractical evacuation capability, 24 months.
(II) Slow evacuation capability, 48 months.
(III) Prompt evacuation capability, 60 months.

The beginning date from which the deadline for the automatic fire sprinkler installation requirement must be calculated is upon receipt of written notice from the local fire official that an automatic fire sprinkler system must be installed. The local fire official shall send a copy of the document indicating the requirement of a fire sprinkler system to the Agency for Health Care Administration.

j. It is recognized that the installation of an automatic fire sprinkler system may create financial hardship for some facilities. The appropriate local fire official shall, without liability, grant two 1-year extensions to the timeframes for installation established herein, if an automatic fire sprinkler installation cost estimate and proof of denial from two financial institutions for a construction loan to install the automatic fire sprinkler system are submitted. However, for any facility with a class I or class II, or a history of uncorrected class III, firesafety deficiencies, an extension must not be granted. The local fire official shall send a copy of the document granting the time extension to the Agency for Health Care Administration.

k. A facility owner whose facility is required to be equipped with an automatic fire sprinkler system under Chapter 23, NFPA 101, 1994 edition, as adopted herein, must disclose to any potential buyer of the facility that an installation of an automatic fire sprinkler requirement exists. The sale of the facility does not alter the timeframe for the installation of the automatic fire sprinkler system.

l. Existing facilities required to install an automatic fire sprinkler system as a result of construction-type restrictions in Chapter 23, NFPA 101, 1994 edition, as adopted herein, or evacuation capability requirements shall be notified by the local fire official in writing of the automatic fire sprinkler requirement, as well as the appropriate date for final compliance as provided in this subparagraph. The

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local fire official shall send a copy of the document to the Agency for Health Care Administration.

m. Except in cases of life-threatening fire hazards, if an existing facility experiences a change in the evacuation capability, or if the local authority having jurisdiction identifies a construction-type restriction, such that an automatic fire sprinkler system is required, it shall be afforded time for installation as provided in this subparagraph.

Facilities that are fully sprinkled and in compliance with other firesafety standards are not required to conduct more than one of the required fire drills between the hours of 11 p.m. and 7 a.m., per year. In lieu of the remaining drills, staff responsible for residents during such hours may be required to participate in a mock drill that includes a review of evacuation procedures. Such standards must be included or referenced in the rules adopted by the State Fire Marshal. Pursuant to s. 633.022(1)(b), the State Fire Marshal is the final administrative authority for firesafety standards established and enforced pursuant to this section. All licensed facilities must have an annual fire inspection conducted by the local fire marshal or authority having jurisdiction.

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APPENDIX B

Rule Reference: 58A-5.024 (1)(e) Florida Administrative Code

58A-5.026 Florida Administrative Code

58A-5.020 (2) Florida Administative Code

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Assisted Living Facilities
Rule Reference: 58A-5.024 (1)(e) Florida Administrative Code 58A-5.026 Florida Administrative Code 58A-5.020 (2) Food Service, Florida Administrative Code

58A-5.024 Records.

The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to department and agency staff.

(1) FACILITY RECORDS. Facility records include:

(e) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured.

58A-5.026 Emergency Management.

(1) EMERGENCY PLAN COMPONENTS. Pursuant to Section 429.41, F.S., each facility shall prepare a written comprehensive emergency management plan in accordance with the "Emergency Management Criteria for Assisted Living Facilities," dated October 1995, which is incorporated by reference. This document is available from the local emergency management agency. The emergency management plan must, at a minimum address the following:

(a) Provision for all hazards.

(b) Provision for the care of residents remaining in the facility during an emergency including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment.

(c) Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering arrangements; supplies; staffing; emergency equipment; and medications.

(d) Provision for the care of additional residents who may be evacuated to the facility during an emergency including the identification of such residents, staffing, and supplies.

(e) Identification of residents with Alzheimer's disease and related dementias, and residents with mobility limitations who may need specialized assistance either at the facility or in case of evacuation.

(f) Identification of and coordination with the local emergency management agency.

(g) Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents; transportation; and reporting to the county office of emergency management the number of residents who have been relocated and the place of relocation.

(h) The identification of staff responsible for implementing each part of the plan.

(2) EMERGENCY PLAN APPROVAL. The plan shall be submitted for review and approval to the county emergency management agency.

(a) The county emergency management agency has 60 days in which to review and approve the plan or advise the facility of necessary revisions. Any revisions must be made and the plan resubmitted to the county office of emergency management within 30 days of receiving notification from the county agency that the plan must be revised.

(b) Newly-licensed facility and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license.

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1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule.

2. Changes in the identification of specific staff must be submitted to the county emergency management agency annually as a signed and dated addendum that is not subject to review and approval.

(d) The county emergency management agency shall be the final administrative authority for emergency management plans prepared by assisted living facilities.

(e) Any plan approved by the county emergency management agency shall be considered to have met all the criteria and conditions established in this rule.

(3) PLAN IMPLEMENTATION. In the event of an internal or external disaster the facility shall implement the facility's mergency management plan in accordance with Chapter 252, F.S.

(a) All staff must be trained in their duties and are responsible for implementing the emergency management plan.

(b) If telephone service is not available during an emergency, the facility shall request assistance from local law enforcement or mergency management personnel in maintaining communication.

(4) FACILITY EVACUATION. The facility must evacuate the premises during or after an emergency if so directed by the local emergency management agency.

(a) The facility shall report the evacuation to the local office of emergency management or designee and to the agency within 6 hours of the evacuation order and when the evacuation is complete if the evacuation is not completed within the 6 hour period.

(b) The facility shall not be re-occupied until the area is cleared for reentry by the local emergency management agency or its designee and the facility can meet the immediate needs of the residents.

(c) A facility with significant structural damage must relocate residents until the facility can be safely re-occupied.

(d) The facility is responsible for knowing the location of all residents until the resident has been relocated from the facility.

(e) The facility shall provide the agency with the name of a contact person who shall be available by telephone 24 hours a day, seven days a week, until the facility is re-occupied.

(f) The facility shall assist in the relocation of residents and shall cooperate with outreach teams established by the Department of Health or emergency management agency to assist in relocation efforts. Resident needs and preferences shall be considered to the extent possible in any relocation decision.

(5) EMERGENCY SHELTER. In the event a state of emergency has been declared and the facility is not required to evacuate the premises, the facility may provide emergency shelter above the facility's licensed capacity provided the following conditions are met:

(a) Life safety will not be jeopardized for any individual.

(b) The immediate needs of residents and other individuals sheltered at the facility can be met by the facility.

(c) The facility reports the over capacity and conditions causing it to the Agency Field Office within forty-eight (48) hours or as soon as practical. As an alternative, the facility may report to the

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Agency Central Office at (850)487-2515. If the facility will continue to be over capacity after the declared emergency ends, the Agency shall review requests for excess capacity on a case-by-case basis.

(d) The facility maintains a log of the additional persons being housed in the facility. The log shall include the individual's name, usual address, and the dates of arrival and departure. The log shall be available for review by representatives of the agency, the department, the local emergency management agency or its designee. The admissions and discharge log maintained by the facility may be used for this purpose provided the information is maintained in a manner that is easily accessible.

58A-5.020 (2) Food Service.

(h) A 3-day supply of non-perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority

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APPENDIX C

Comprehensive Emergency Management Plan

Florida's Minimum Criteria

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OCTOBER, 1995

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ASSISTED LIVING FACILITIES

The following minimum criteria are to be used when Comprehensive Emergency Management Plans (CEMP) for all Residential Health Care Facilities (Facilities), including, but not limited to Assisted Living Facilities (ALFs), nursing homes, hospitals, and other residential health care providers. The criteria will serve as the recommended plan format for the CEMP, and will also serve as the compliance review document for county emergency management agencies upon submission for review and approval pursuant to Chapter 252, Florida Statutes.

These minimum criteria satisfy the basic emergency management plan requirements of § 395.1055, Florida Statutes (F.S.), and Rule Chapter 59A-3, Florida Administrative Code (F.A.C.), for Hospitals and Ambulatory Surgical Centers; § 400.23, F.S., and Rule Chapter 59A-4, F.A.C., for Nursing Homes; § 400.441, F.S., and Rule Chapter 58A-5, F.A.C., for ALF's; § 393.067, F.S., and Rule Chapter 65B-6, F.A.C., for residential care facilities for the developmentally disabled.

These criteria are not intended to limit or exclude additional information that facilities may decide to include in their plans in order to satisfy other requirements, or to address other arrangements that have been made for emergency preparedness. Any additional information which is included in the plan will not be subject to approval by county emergency management personnel, although they may provide information comments.

This form must be attached to your facility's comprehensive emergency management plan upon submission for approval to the county emergency management agency. Use it as a cross-reference to your plan, by listing the page number and paragraph where the criteria are located in your plan on the line to the left of each item. This will ensure accurate review of your facility's plan by the county emergency management agency.

I. INTRODUCTION

A. Provide basic information concerning the facility to include:

_____ 1. Name of facility, address, telephone number, emergency contact telephone number and pager number if available, and fax number, type of facility, and license.

_____ 2. Owner of facility, address, telephone.

_____ 3. Year facility was built, type of construction, and date of any subsequent construction.

_____ 4. Name of Administrator, address, work/home telephone number of his/her alternate.

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_____ 5. Name, address, work and home telephone number of person implementing the provisions of this plan, if different from the administrator.

_____ 6. Name and work and home telephone number of person(s) who developed this plan.

_____ 7. Provide an organizational chart, including phone numbers, with key management positions identified.

B. Provide an introduction to the Plan which describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also provide any other information concerning the facility that has bearing on the implementation of this plan.

II. AUTHORITIES AND REFERENCES

_____ A. Identify the legal basis for plan development and implementation to include statutes, rules and local ordinances, etc.

_____ B. Identify reference materials used in the development of the Plan.

_____ C. Identify the hierarchy of authority in place during emergencies. Provide an organizational chart, if different from the previous chart required.

III. HAZARD ANALYSIS

_____ A. Describe the potential hazards that the facility is vulnerable to such as hurricanes, tornados, flooding, fires, hazardous materials, incidents from fixed facilities or transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, etc. Indicate past history and lessons learned.

_____ B. Provide site specific information concerning the facility to include:

_____ 1. Number of facility beds, maximum number of clients on site, average number of clients on site.

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_____ 2. Type of residents/patients served by the facility to include but not limited to:

_____ a. Patients with Alzheimer Disease.

_____ b. Patients requiring special equipment or other special care, such as oxygen or dialysis.

_____ c. Number of patients who are self sufficient.

_____ 3. Identification of hurricane evacuation zone facility is in.

_____ 4. Identification of which flood zone facility is in as identified on Flood Insurance Rate Map.

_____ 5. Proximity of facility to a railroad or major transportation artery (per hazardous materials incidents).

_____ 6. Identify if facility is located within 10 mile or 50 mile emergency planning zone of a nuclear power plant.

IV. CONCEPT OF OPERATIONS

This section of the plan defines the policies, procedures, responsibilities and actions that the facility will take before, during and after any emergency situation. At a minimum, the facility plan needs to address: direction and control; notification; and evacuation and sheltering.

A. Direction and Control

Define the management function for emergency operations. Direction and control provide a basis for decision making and identifies who has the authority to make decisions for the facility.

_____ 1. Identify, by name and title, who is in charge during an emergency, and one alternate, should that person be unable to serve in that capacity.

_____ 2. Identify the chain of command to ensure continuous leadership and authority in key positions.

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_____ 3. State the procedures to ensure timely activation and staffing of the facility in emergency functions. What are the provisions for emergency workers' families?

_____ 4. State the operational support roles for all facility staff. [This will be accomplished through the development of Standard Operating Procedures which must be attached to this plan.]

_____ 5. State the procedures to ensure the following needs are supplied.

_____ a. Food, water, and sleeping arrangements.

_____ b. Emergency power, natural gas or diesel. If natural gas, identify alternate means should loss of power occur which would effect the natural gas system. What is the capacity of emergency fuel system?

_____ c. Transportation (may be covered in the evacuation section).

_____ d. 72-hour supply of all essential supplies.

_____ 6. Provisions for 24-hour staffing on a continuous basis until the emergency has abated.

B. Notification

Procedures must be in place for the facility to receive timely information on impending threats and the alerting of facility decision makers, staff and residents of potential emergency conditions.

_____ 1. Define how the facility will receive warnings, to include off hours and weekends/holidays.

_____ 2. Identify the facilities 24 hour contact number, if different than number listed in introduction.

_____ 3. Define how key staff will be alerted.

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_____ 4. Define the procedures and policy for reporting to work for key workers.

_____ 5. Define how residents/patients will be alerted and the precautionary measures that will be taken.

_____ 6. Identify alternative means of notification should the primary system fail.

_____ 7. Identify procedures for notifying those facilities to which facility residents will be evacuated to.

_____ 8. Identify procedures for notifying families of residents that facility is being evacuated.

_____ C. Evacuation

Describe the polices, roles, responsibilities and procedures for the evacuation of residents from the facility.

_____ 1. Identify the individual responsible for implementing facility evacuation procedures.

_____ 2. Identify transportation arrangements made through mutual aid agreements or understandings that will be used to evacuate residents (copies of the agreements must be attached as annexes).

_____ 3. Describe transportation arrangements for logistical support to include moving records, medications, food, water, and other necessities.

_____ 4. Identify the pre-determined locations where residents will evacuate to.

_____ 5. Provide a copy of the mutual aid agreement that has been entered into with a facility to receive residents/patients (current, signed each year).

_____ 6. Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.

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_____ 7. Specify the amount of time it will take to successfully evacuate all patient/residents to the receiving facility. Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm winds (40 mph winds).

_____ 8. What are the procedures to ensure facility staff will accompany evacuating residents/patients?

_____ 9. Identify procedures that will be used to keep track of residents on call they have been evacuated (to include a log system).

_____ 10. Determine what and how much should each resident take. Provide for a minimum 72-hour stay, with provisions to extend this period of time if the disaster is of catastrophic magnitude.

_____ 11. Establish procedures for responding to family inquires about residents who have been evacuated.

_____ 12. Establish procedures for ensuring all residents are accounted for and are out of the facility.

_____ 13. Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.

_____ 14. Specify at what point the mutual aid agreements for transportation and the notification of alternate facilities will begin.

D. Re-Entry

Once a facility has been evacuated, procedures need to be in place for allowing residents or patients to reenter the facility.

_____ 1. Identify who is the responsible person(s) for authorizing reentry to occur.

_____ 2. Identify procedures for inspection of the facility to ensure it is structurally sound.

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_____ 3. Identify how residents will be transported from the host facility back to their home facility and identify how you will receive accurate and timely data on re-entry operations.

E. Sheltering.

If the facility is to be used as a shelter for an evacuating facility, the plan must describe the sheltering/hosting procedures that will be used once the evacuating facility residents arrive.

_____ 1. Describe the receiving procedures for arriving residents/patients from evacuating facility.

_____ 2. Identify where additional residents will be housed. Provide a floor plan which identifies the space allocated for additional residents or patients.

_____ 3. Identify provisions of additional food, water, medical needs of those residents/patients being housed at the receiving facility for a minimum of 72 hours.

_____ 4. Describe the procedures for ensuring 24 hour operations.

_____ 5. Describe procedures for proving sheltering for family members of critical workers.

_____ 6. Identify when the facility will seek a waiver from the Agency for Health Care Administration to allow for the sheltering of evacuees if this creates a situation which exceeds the operating capacity of the host facility.

_____ 7. Describe procedures for tracking additional residents or patients sheltered within the facility.

V. INFORMATION, TRAINING AND EXERCISES

This section shall identify the procedures for increasing employee and resident awareness of possible emergency situations and providing training on their emergency roles before, during and after a disaster.

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_____ A. Identify how key workers will be instructed in their emergency roles during non-emergency times.

_____ B. Identify a training schedule for all employees and identify the provider of the training.

_____ C. Identify the provisions for training new employees regarding their disaster related roles(s).

_____ D. Identify a schedule for exercising all or portions of the disaster plan on an annual basis.

_____ E. Establish procedures for correcting deficiencies noted during training exercises.

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ANNEXES

The following information is required, yet placement in an annex is optional, if the material is included in the body of the plan.

A. Roster of employees and companies with key disaster related roles.

_____ 1. List the names, addresses, telephone numbers of all staff with disaster related roles.

_____ 2. List the name of the company, contact person, telephone number and addresses of emergency service providers such as transportation, emergency power, fuel, water, police, fire, Red Cross, etc.

B. Agreements and Understandings

_____ 1. Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. This is to include reciprocal host facility agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.

C. Evacuation Route Map

_____ 1. A map of the evacuation routes and description of how to get to a receiving facility for drivers.

D. Support Material

_____ 1. Any additional material needed to support the information provided in the plan.

_____ 2. Copy of the facility's fire safety plan that is approved by the local fire department.

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APPENDIX D

Florida's Fire & Major Incident Record-keeping & Staff Training

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Florida's Fire & Major Incident Record-keeping & Staff Training Regulations for ALFs

58A-5.0131 Definitions. Florida Administrative Code
In addition to the terms defined in Section 429.02, F.S., the following definitions are applicable in this rule chapter:

(19) "Major incident" means:
(a) Death of a resident from other than natural causes;
(b) Determining that a resident is missing;
(c) An assault on a resident resulting in injury;
(d) An injury to a resident which requires assessment and treatment by a health care provider; or
(e) Any event, such as a fire, natural disaster, or other occurrence that results in the disruption of the facility's normal activities.

58A-5.0191 Staff Training Requirements and Competency Test. FL Admin Code
(2) STAFF IN-SERVICE TRAINING. Facility Administrators or managers must provide or arrange for the following in-service training to facility staff:
(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

58A-5.024 Records. Florida Administrative Code
The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff.
(1) FACILITY RECORDS. Facility records include:
(d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.

(m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years.

58A-5.016 License Requirements. (New as of July 24, 2006) FL Admin Code
(6) A copy of the annual fire safety and sanitation inspections described in Rule 58A-5.0161, F.A.C., shall be submitted annually to the Agency Central Office. The annual inspections shall be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Section 400.414, F.S., and Rule 58A-5.033, F.A.C.

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APPENDIX E

Federal, State, & County Contacts

2006 County Emergency Operation Centers

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Federal and Florida Resources

FEDERAL

Centers for Disease Control and Prevention (CDC)	www.cdc.gov
Centers for Medicaid & Medicaid Services	www.cms.hhs.gov
Preparing for Emergencies: A Guide for People on Dialysis http://www.medicare.gov/Publications/Pubs/pdf/10150.pdf	
Federal Emergency Management Agency	www.fema.gov
National Oceanic and Atmospheric Administration	www.noaa.gov
National Hurricane Center	www.nhc.noaa.gov
National Weather Service	http://weather.gov/
Storm Prediction Center (severe weather)	http://www.spc.ncep.noaa.gov/
National Hurricane Center Tropical Prediction Center	http://www.nhc.noaa.gov/
US Coast Guard District 7 (Florida Peninsula, east of Apalachicola River)	http://www.uscg.mil/d7
US Coast Guard District 8 (Florida Panhandle, west of Apalachicola River)	http://www.uscg.mil/d8
US Department of Homeland Security	www.dhs.gov

FLORIDA

Agency for Health Care Administration	www.fdhc.state.fl.us
Department of Elder Affairs	http://elderaffairs.state.fl.us/
Department of Health	http://www.doh.state.fl.us/
Florida Department of Law Enforcement	http://www.fdle.state.fl.us/
Florida Division of Emergency Management	www.floridadisaster.org

- State Emergency Operation Center
- SERT Tracker
- Online Mapping
- Training Events & Calendar
- Threat Assessment
- Florida County Emergency Management Listing
- Citizen Emergency Information

Disaster Recovery for Public Records	http://dlis.dos.state.fl.us/disasterrecovery/

OTHER

American Red Cross	http://www.redcross.org/
Disaster Contractor's Network	www.dconline.org
National Mental Health Association	http://www.nmha.org/reassurance/naturalDisaster.cfm
Weather.com	http://www.weather.com/

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2006 County Emergency Operation Centers

Alachua County Emergency Management
913 S.E. 5th Street (32601)
Mail: Post Office Box 548
Gainesville, Florida 32602-0548
Phone: 352-384-3116
Fax: 352-264-6565

Baker County Emergency Management
1190 W. Macclenny Avenue
Mail: Post Office Box 958
MacClenny, Florida 32063-0958
Phone: 904-259-6111
Fax: 904-259-3923

Bay County Emergency Management
644 Mulberry Avenue
Panama City, Florida 32401
Phone: 850-784-4016
Fax: 850-784-4010

Bradford County Emergency Management
945-B North Temple Avenue
Starke, Florida 32091
Phone: 904-966-6336
Fax: 904-966-6169

Brevard County Emergency Management
1746 Cedar Street
Rockledge, Florida 32955
Phone: 321-633-1770
Fax: 321-633-1738

Broward County Emergency Management
201 Northwest 84 Avenue
Plantation, Florida 33324
Phone: 954-831-3905
Fax: 954-382-5805

Calhoun County Emergency Management
20859 Central Avenue East, Room G-40
Blountstown, Florida 32424
Phone: 850-674-8075
Fax: 850-674-4667

Charlotte County Emergency Management
7474 Utilities Road
Punta Gorda, Florida 33982
Phone: 941-505-4620
Fax: 941-505-4625

Citrus County Emergency Management
3425 West Southern Street
Lecanto, Florida 34461
Phone: 352-746-6555
Fax: 352-527-2100

Clay County Emergency Management
1 Doctors Drive
Green Cove Springs, Florida 32043-3128
Phone: 904-284-7703
Fax: 904-529-2273

Collier County Emergency Management
3301 Tamiami Trail East, Building F
Naples, Florida 34112
Phone: 239-774-8000
Fax: 239-775-5008

Columbia County Emergency Management
263 N.W. Lake City Avenue (32055)
Mail: Post Office Box 1787
Lake City, Florida 32056-1787
Phone: 386-758-1125
Fax: 386-752-9644

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DeSoto County Emergency Management
115 East Oak Street, Room B-1
Arcadia, Florida 34266-4450
Phone: 863-993-4831
Fax: 863-993-4840

Dixie County Emergency Management
56 N.E. 210 Avenue
Post Office Box 2009
Cross City, Florida 32628-2009
Phone: 352-498-1240
Fax: 352-498-1244

Duval County Emergency Management
515 North Julia Street
Jacksonville, Florida 32202
Phone: 904-630-2472
Fax: 904-630-0600

Escambia County Emergency Management
6575 North W. Street
Pensacola, Florida 32505
Phone: 850-471-6411
Fax: 850-476-3984

Flagler County Emergency Management
1200 East Moody Boulevard #8
Bunnell, Florida 32110-5918
Phone: 386-437-7381
Fax: 386-437-7489

Franklin County Emergency Management
28 Airport Road
Apalachicola, Florida 32320
Phone: 850-653-8977
Fax: 850-653-3643

Gadsden County Emergency Management
339 E. Jefferson Street
Mail: Post Office Box 1709
Quincy, Florida 32351-1709
Phone: 850-875-8870
Fax: 850-875-8643

Gilchrist County Emergency Management
204 E. Wade Street
Mail: Post Office Box 367
Trenton, Florida 32693-0367
Phone: 352-463-3198
Fax: 352-463-3189

Glades County Emergency Management
500 Ave. J., S.W.
Mail: Post Office Box 68
Moore Heaven, Florida 33471
Phone: 863-946-6020
Fax: 863-946-1091

Gulf County Emergency Management
1000 Cecil G Costin, Sr. Boulevard
Port St. Joe, Florida 32456
Phone: 850-229-9110
Fax: 850-229-9115

Hamilton County Emergency Management
1133 US Hwy 41 Northwest
Jasper, Florida 32052
Phone: 386-792-6647
Fax: 386-792-6648

Hardee County Emergency Management
404 West Orange Street
Wauchula, Florida 33873-2831
Phone: 863-773-6373
Fax: 863-773-9390

Hendry County Emergency Management
25 E. Hickpochee Ave. (33935)
Mail: Post Office Box 358
LaBelle, Florida 33975-0358
Phone: 863-612-4700
Fax: 863-674-4040

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Hernando County Emergency Management
20 North Main Street, Room 362
Brooksville, Florida 34601
Phone: 352-754-4083
Fax: 352-754-4090

Highlands County Emergency Management
6850 West George Boulevard
Sebring, Florida 33875
Phone: 863-385-1112
Fax: 863-402-7400

Hillsborough County Emergency Management
2711 East Hanna Avenue
Tampa, Florida 33610
Phone: 813-276-2385
Fax: 813-272-6878

Holmes County Emergency Management
107 East Virginia Avenue
Bonifay, Florida 32425
Phone: 850-547-1112
Fax: 850-547-7002

Indian River County Emergency Management
1840 25th Street
Vero Beach, Florida 32960
Phone: 772-567-2154
Fax: 772-567-9323

Jackson County Emergency Management
4447 Marion Street
Marianna, Florida 32448
Phone: 850-482-9678
Fax: 850-482-9683

Jefferson County Emergency Management
1240 N. Jefferson Street (32344)
Mail: Post Office Box 45
Monticello, Florida 32345-0045
Phone: 850-342-0211
Fax: 850-342-0214

Lafayette County Emergency Management
164 N.W. Crawford Street
Mail: Post Office Box 344
Mayo, Florida 32066-0344
Phone: 386-294-1950
Fax: 386-294-2846

Lake County Emergency Management
315 W. Main Street, Suite 441
Mail: Post Office Box 7800
Tavares, Florida 34778-7800
Phone: 352-343-9420
Fax: 352-343-9728

Lee County Emergency Management
2665 Ortiz Avenue
Mail: Post Office Box 398
Fort Myers, Florida 33902-0398
Phone: 239-477-3600
Fax: 239-477-3636

Leon County Emergency Management
535 Appleyard Drive
Tallahassee, Florida 32304
Phone: 850-488-5921
Fax: 850-487-3770

Levy County Emergency Management
9010 N.E. 79 Avenue
Mail: Post Office Box 221
Bronson, Florida 32621-0221
Phone: 352-486-5213
Fax: 352-486-5152

Liberty County Emergency Management
11109 N.W. St. Rd. 20
Mail: Post Office Box 877
Bristol, Florida 32321-0877
Phone: 850-643-2339
Fax: 850-643-3499

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Madison County Emergency Management
823 Southwest Pinckney Street
Madison, Florida 32340
Phone: 850-973-3698
Fax: 850-973-4026

Manatee County Emergency Management
1112 Manatee Avenue West, Suite 525
Bradenton, Florida 34205
Phone: 941-749-3022
Fax: 941-741-3539

Marion County Emergency Management
Mail: Post Office Box 1987 (Street - 629 NW 30th Ave)
Ocala, Florida 34478-1987
Phone: 352-622-3205
Fax: 352-369-6762

Martin County Emergency Management
6000 Southeast Tower Drive
Stuart, Florida 34997
Phone: 772-288-5694
Fax: 772-286-7626

Miami-Dade County Emergency Management
9300 Northwest 41st Street
Miami, Florida 33178-2414
Phone: 305-468-5403
Fax: 305-468-5401

Monroe County Emergency Management
490 63rd Street (Ocean), Suite 150
Marathon, Florida 33050
Phone: 305-289-6018
Fax: 305-289-6333

Nassau County Emergency Management
96135 Nassau Place, Suite 2
Yulee, Florida 32097
Phone: 904-548-4980
Fax: 904-491-3628

Okaloosa County Emergency Management
1250 North Eglin Parkway
Shalimar, Florida 32579
Phone: 850-651-7560
Fax: 850-651-8082

Okeechobee County Emergency Management
499 Northwest Fifth Avenue
Okeechobee, Florida 34972
Phone: 863-763-3212
Fax: 863-763-1569

Orange County Emergency Management
Mail: Post Office Box 5879 (Street - 6590 Amory Court)
Winter Park, Florida 32793-5879
Phone: 407-836-9157
Fax: 407-836-9147

Osceola County Emergency Management
320 North Beaumont Avenue
Kissimmee, Florida 34741
Phone: 407-343-7000
Fax: 407-343-6868

Palm Beach County Emergency Management
20 South Military Trail
West Palm Beach, Florida 33415
Phone: 561-712-6330
Fax: 561-712-6490

Pasco County Emergency Management
7530 Little Road
New Port Richey, Florida 34654
Phone: 727-847-8137
Fax: 727-847-8004

Pinellas County Emergency Management
400 South Fort Harrison Avenue
Clearwater, Florida 34616
Phone: 727-464-3800
Fax: 727-464-4024

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Polk County Emergency Management
Mail: Post Office Box 1458 (Street - 1295 Brice Blvd. (33830))
Bartow, Florida 33831-1458
Phone: 863-534-5605
Fax: 863-534-5647

Putnam County Emergency Management
120 Orie Griffin Blvd
Palatka, Florida 32177-1416
Phone: 386-329-0379
Fax: 386-329-0897

Santa Rosa County Emergency Management
4499 Pine Forest Road
Milton, Florida 32583
Phone: 850-983-5360
Fax: 850-983-5352

Sarasota County Emergency Management
1660 Ringling Boulevard, 6th Floor
Sarasota, Florida 34236
Phone: 941-861-5495
Fax: 941-861-5501

Seminole County Emergency Management
150 Bush Boulevard
Sanford, Florida 32773
Phone: 407-665-0311
Fax: 407-665-5036

St. Johns County Emergency Management
4455 Avenue A
St. Augustine, Florida 32095
Phone: 904-824-5550
Fax: 904-824-9920

St. Lucie County Emergency Management
101 North Rock Road
Ft. Pierce, Florida 34945
Phone: 772-461-5201
Fax: 772-462-1774

Sumter County Emergency Management
414 Lawrence Street
Bushnell, Florida 33513
Phone: 352-569-6000
Fax: 352-569-1222

Suwannee County Emergency Management
13530 80th Terrace
Live Oak, Florida 32060
Phone: 386-364-3405
Fax: 386-364-3488

Taylor County Emergency Management
108 North Jefferson Street
Perry, Florida 32347
Phone: 850-838-3575
Fax: 850-838-1642

Union County Emergency Management
58 Northwest 1st Street
Lake Butler, Florida 32054
Phone: 386-496-4300
Fax: 386-496-3226

Volusia County Emergency Management
49 Keyton Avenue
Daytona Beach, Florida 32124
Phone: 386-254-1500
Fax: 386-248-1742

Wakulla County Emergency Management
15 Oak Street
Crawfordville, Florida 32327
Phone: 850-926-0861
Fax: 850-926-8027

Walton County Emergency Management
75 South Davis Lane
DeFuniak Springs, Florida 32435
Phone: 850-892-8065
Fax: 850-892-8382

Washington County Emergency Management
1331 South Boulevard
Chipley, Florida 32428
Phone: 850-638-6203
Fax: 850-638-6316

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APPENDIX F

State Agency Emergency Phone Numbers

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State Agency Emergency Phone Numbers

To get an outgoing message on the status of a disaster call **(888) 774-7609**. This message will be an update of the briefings given at the State Emergency Operations Center (SEOC).

When a disaster or emergency occurs, health care facility staff should:

- follow the approved Comprehensive Emergency Management Plan
- notify the local AHCA field office staff of any actions taken such as evacuations.

Field Office Location	Counties	Phone Number
Tallahassee	Escambia, Okaloosa, Santa Rosa, Walton, Bay, Calhoun, Franklin, Gadsden, Gulf, Homes, Jackson, Jefferson, Liberty, Leon, Madison, Taylor, Wakulla, Washington	(850) 922-8844
Alachua	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union	(386) 418-5314
Jacksonville	Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia	(904) 359-6046
St. Petersburg	Pasco, Pinellas, Hardee, Highlands, Hillsborough, Manatee, Polk	(727) 552-1133
Orlando	Brevard, Orange, Osceola, Seminole	(407) 245-0850
Ft. Myers	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota	(239) 338-2366
West Palm	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward	(561) 496-5900
Miami	Monroe, Dade	(305) 499-2165

- If the area office is closed due to the disaster or emergency, the Agency should be notified at the State Emergency Operations Center (SEOC) at **(800) 320-0519.** Ask for Emergency Support Function 8 (ESF-8). The direct phone for AHCA at the SEOC is **(850) 410-1822.**

Submitted by: Richard Ramsey, numbers verified in 2006 by FHCA-FCAL.

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APPENDIX G

Florida's Agency Emergency Status System

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New ESS set to debut

by Koko Okano
FHCA POLICY AND RESEARCH COORDINATOR

Online system allows better sharing and faster response

The Agency for Health Care Administration is set to begin inviting providers to its new and improved Web-based Emergency Status System. Participation is voluntary, free and a very positive development in improving nursing home and assisted living facility disaster preparedness.

ESS was developed by AHCA to track disaster-related information and emergency data that can be used in an emergency to assist the providers AHCA regulates. An earlier form of ESS has been utilized during the past two hurricane seasons, but until now the information data collection has been done manually, with limited capacity for sharing with other stakeholders. The thousands of telephone calls exchanged between facilities and AHCA during past hurricane seasons will be replaced by a Web-based system.

Improvements

ESS will allow AHCA to identify the needs and respond to the providers more efficiently and promptly, and it will allow trade associations, including FHCA, to participate in the relief effort without duplicating communication with the facilities.

ESS data reporting activities revolve around "events" such as a hurricane, but you'll be able to enter basic facility information online in advance, including your emergency contact persons and telephone numbers, utility account information, and most important, your generator information.

Sneak Preview: *AHCA's Molly McKinstry explains ESS to FHCA members and others during February's six-state regional Hurricane Summit.*

When an emergency-related event occurs, the ESS screen will show new windows opened for the provider to enter more specific information, such as evacuation status and destination, special patient characteristics, available beds and power/fuel status. The system allows AHCA and the trade associations to generate the most up-to-date report on these topics that will assist in identifying and prioritizing relief tasks.

Back-up plan

What if a facility suffers a power and/or Internet outage and is unable to enter the required data? To address this, ESS will allow companies and regional offices to have access to the provider accounts of their affiliated facilities. Trade associations such as FHCA also will be given access to the provider accounts. This back-up system will allow the company or association to communicate with the facility through whatever means available and to enter the information in the ESS on behalf of the facility.

For long term care facilities, the good that has come from the hurricanes of 2004 and 2005 is steady improvement in emergency response, pre- and post-hurricane. We strongly recommend that all FHCA members join the ESS before the 2006 hurricane season begins in June. Watch weekly *Focus on Florida* for information on ESS education and training opportunities.

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JEB BUSH, GOVERNOR ALAN LEVINE, SECRETAR

Mail Date

(Lead Position – Administrator/CEO etc – default to Administrator)
(Mailing Address 1)
(Mailing address 2)
(City), (state) (zip)

RE: User Accounts for the Emergency Status System (ESS) for (provider type)
Pre-Season Information Needed by (enter date here)

Dear (Lead Position):

In preparation for the 2006 Hurricane Season, the Agency for Health Care Administration (Agency) has developed a data system to allow providers to enter emergency-related information through the Internet. This web-based system is called the Emergency Status System (ESS) and enables reporting of information that has traditionally been collected through phone calls and fax responses, including emergency contacts, evacuation status, power and generator status, available beds and more. ESS is available to AHCA regulated providers that offer 24-hour care or a residential setting, and dialysis centers.

ESS User Enrollment: Each provider may enroll up to two people as Provider ESS Users. Additionally a person affiliated with the provider such as a corporate representative may enroll as an Affiliate ESS User. Once approved by the provider, the affiliate may enter information for the provider into ESS. Please see attached instructions of ESS User Enrollment and ESS Provider Entry.

ESS Questions: Online HELP is available in ESS, including a complete ESS User Manual that may be printed from the ESS User Home Page (after User enrollment). You may also contact the (licensure unit at (unit phone) for assistance or questions. Each affected provider association has participated in the review and testing of ESS; several are planning ESS training opportunities.

Action Needed: The Emergency Support Function -12 (Energy) of the Emergency Operations Center ha asked that we obtain information regarding existing generators in health care facilities. Please enroll in ESS and enter the Pre-Season Information (see attached) by (enter date here). Please refer questions to the (licensure unit) at (unit phone).

While our hopes are for a hurricane free summer, we want to be prepared and ESS will make all of our jobs easier. Thank you in advance for your continued assistance.

Sincerely,

Elizabeth Dudek
Deputy Secretary, Health Quality Assurance

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Agency for Health Care Administration
Emergency Status System (ESS)

Provider User Instructions

User Enrollment

Unique Provider User Codes: Each Provider is assigned two unique User Codes, allowing two people to become ESS Provider Users. **These codes should be protected** – do not share these codes with others.

Provider Name: (provider name)
ESS Assigned User Code #1: (code 1)
ESS Assigned User Code #2: (code 2)

Enrollment Instructions

- Visit the ESS website at **http://ahcaxnet.fdhc.state.fl.us/essweb** and select "First Time Use
- Select the Provider User Agreement
- Complete the application online:
  Use one of the Assigned User Codes (above) – two accounts per provider.
  Complete all other information requested.
  Read conditions of agreement and select I Agree/Print Page.
- Print the agreement, include signature of user and facility administrator, attach copy of prov license and mail to the AHCA licensure unit per the agreement.

Provider Users will receive a temporary account for up to 30 days pending the approval of your agreement. Please view the complete ESS Help Manual at **http://ahcaxnet/essweb/pagehelp.a** additional explanations and instructions.

For assistance with ESS, please contact the appropriate AHCA licensure unit:

Hospital and Outpatient Unit (850) 487-2717
Includes hospitals, crisis stabilization units, residential treatment facilities and short-term resid treatment facilities.

Long-Term Care Unit (850) 488-5861
Includes nursing homes, intermediate care facilities of the developmentally disabled, and trans living facilities.

Assisted Living Unit (850) 487-2515
Including assisted living facilities and adult family care homes.

Licensed Home Health Programs Unit (850) 414-6010
Includes inpatient/residential hospices.

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Agency for Health Care Administration
Emergency Status System (ESS)

ESS Provider Entry

Pre-Season Information

Please enter basic emergency information about the provider. You may return to update this pre-season information at anytime. Several areas of ESS are not available unless a storm or event is being tracked. This includes tabs for Evacuation Status and Census, Available Beds, and others which cannot be viewed during the Pre-Season session.

- Once enrolled, please check your **Affiliates** for pending requests. Only approve Affiliates if the person is valid representative of your provider. Once approved by you, an Affiliate will be able to change your provider information.
- Proceed to **Enter Provider Information**
- Select the tab titled **Emergency Contact**, view any existing Emergency Contact information from last year, update existing and add any new.
- Select the tab titled **Power/Utility Information,** view or add the name and account number for the facility's utility and water companies' account number, and check if the facility has a "quick connect" to attach a large generator if needed.
- **Continue** to proceed to generator details.
- If the facility has no generator, indicate "no" and **Submit**.
- If the facility has a generator, indicate "yes", answer all questions, and **Continue**. Select **Add** to enter information about each generator for the facility. Once all generators are added, select **Back**.
- Your ESS entry is complete you may log out or review other areas of ESS from the **ESS Home** screen.

Pre- and Post-Impact (Storm/Event) Information

When the State Emergency Operations Center is activated in response to an emergency involving AHCA regulated providers, the 'event" will be opened in ESS. Once an Event is open, ESS will enable entries of additional information.

- Log into ESS and verify accurate user and provider information.
- Update the tab for **Emergency Contact.**
- Select the tab for **Power/Utility Information** and several new items are requested including power-outage status, indicate of residents on life support, and generator function. Please also update any other relevant information.
- Select the tab titled **Resident Characteristics** and add the number of residents in need of care that may be affected by an event including: dialysis, ventilator, and oxygen or insulin dependent.
- Select the tab titled **Census and Available Beds** and indicate the facility current census and available staffed beds.
- Select the tab titled **Evacuation Status** and indicate the facility evacuation status (even if not evacuating). Please complete all requested information including destination location.
- Select the tab titled **Impact** and add any impact to the facility from the storm or event, including structural or roof damage, flooding, roads blocked and others. Select the **Out of Service** link if the facility is completely out of service due to the event.

Reports

When an event is open in ESS, you may retrieve reports of Bed Availability by provider type and county. Reports may be emailed or exported. Please see the ESS Help file for report information.

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APPENDIX H

Assisted Living Facility Administrator's Checklist

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ALF ADMINISTRATOR'S CHECKLIST

- ☐ Make sure you have registered your ALF with the Agency for Health Care Administration's web-based Emergency Support System (Appendix G).
- ☐ Track tropical disturbances and other known disasters.
- ☐ Notify staff and residents about any impending disasters, such as storms, their strength, and their location.
- ☐ Keep key supervisors informed and have them brief their departmental staff continually.
- ☐ Establish a command post and assure it is manned 24/7.
- ☐ Assign a staff person to monitor local media.
- ☐ Have supervisors reviewed staffing needs every eight (8) hours.
- ☐ Provide 24 hour Switchboard operation.
- ☐ Provide rounds out of the facility when safe.
- ☐ Plan special purchases as required. Set up in advance with vendors.
- ☐ Dietary Department should prepare alternate menus (disaster menus – include staff and visitors).
- ☐ Nursing should review resident needs (review resident DOEA Form 1823 in advance).
- ☐ Those residents that can be discharged to families should have left the facility with adequate medications.
- ☐ Maintenance should have secured the facility, taking care not to block egress.
- ☐ Establish Security Guard patrols and shifts, if needed.
- ☐ Steps should have been taken to save up drinking water.
- ☐ Ice and coolers should have been purchased. Freeze as much water as you can.
- ☐ An alternate receiving site should have been selected and alerted.
- ☐ Transportation should be available in order to evacuate residents if needed. Make sure drivers are available and know evacuation route.
- ☐ Have the vehicles fueled and keys available. Consider having additional stores of fuel.
- ☐ Transportation should be available to transport supplies.
- ☐ Assign someone to coordinate transportation of supplies, people, etc.
- ☐ Establish communications with Department of Health (ESF-8 Office), Local County Emergency Operations Center, and the Agency for Health Care Administration.
- ☐ Establish communications with FHCA-FCAL.
- ☐ Utilize volunteers.
- ☐ Check the status of the laundry service.

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- ☐ Establish communication with local hospital(s) if appropriate for residents.
- ☐ Make sure extra back braces are available to those loading and unloading buses.
- ☐ Check that buses are staffed, adequately supplied with money for tolls, destination maps and guidelines regarding what to do in an emergency, have cell phones.
- ☐ Oversee the notification of family/significant others.
- ☐ Administrator is in charge of the following steps in the Evacuation Process:
    - ☐ Facility Preparations and Decision Making.
    - ☐ Evacuation and Staging.
    - ☐ Offsite Evacuation Operations.
    - ☐ When busses arrive at receiving facility.
    - ☐ Operations after all residents arrive and locations established.
    - ☐ Reverse evacuation, re-entry, and post-storm follow-through.

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APPENDIX I

Suggested List of Emergency Supplies

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SUGGESTED LIST OF SUPPLIES

Put aside an extra store of basic necessities to have on hand in case of disruption of normal services due to an emergency or an evacuation.

Resident's Personal Supplies

- ❑ Toothbrush
- ❑ Toothpaste
- ❑ Deodorant
- ❑ Comb/Brush
- ❑ Lotion
- ❑ Soap
- ❑ Shaving Cream & Razor
- ❑ Mouthwash
- ❑ 3 day supply of clothing, including extra underclothes
- ❑ Denture Cleaner
- ❑ Potable Water - 1 gallon per day, or some available during an evacuation
- ❑ Batteries for hearing aids
- ❑ Batteries for diabetic pump if needed
- ❑ Personal medications, labeled
- ❑ Rain poncho
- ❑ Sunscreen/sunglasses

General Facility Supplies & Equipment

- ❑ First Aid Kits – Large, Good Quality
- ❑ Self-clinging bandages
- ❑Coolers
- ❑ Plastic bags
- ❑ Personal wipes
- ❑ Batteries
- ❑ Flashlights
- ❑ Mops/Buckets
- ❑ Lighters; Matches
- ❑ Hand sanitizer
- ❑ Latex gloves
- ❑ Plates, cups, straws, and utensils
- ❑ Hand wipes
- ❑ Toilet Paper
- ❑ Bleach/sterilizing cleaners
- ❑ Radio
- ❑ Extension cords

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APPENDIX J

Sample Bomb Threat Telephone Log

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KEEP THIS NEAR YOUR TELEPHONE

BOMB THREAT CALL LOG

When a bomb threat is received: ✓ Listen ✓ Be calm ✓ Do not interrupt the caller ✓ Obtain as much information as you can	**Date:** **Time:** **Duration of Call:**
Questions to Ask:	**Identifying Characteristics:**
☐ Where is the bomb(s) right now? ☐ When is the bomb going to explode? ☐ Is there more than one bomb? ☐ What does it look like? ☐ What kind of bomb is it? ☐ What will cause it to explode? ☐ Did you place the bomb? ☐ Why? ☐ What is your address? ☐ What is your name?	☐ Sex: M F ☐ Estimated Age: ☐ Accent: ☐ Voice (loud, soft, etc.) ☐ Speech (fast, slow, etc) ☐ Diction (good, nasal, lisp, etc.) ☐ Manner (calm, emotional, etc.) ☐ Background noises? ☐ Is the voice familiar? Y N ☐ Is the caller familiar with the area? Y N

Important Names and Numbers:

Administrator or Designee:_____

POLICE: 911

***DO NOT** call the bomb squad (police will notify bomb squad if a bomb is found).*

Stateg Agendy Area Office: _____

County Department of Public Health: _____

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APPENDIX K

Sample Letter to Family Members

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Sample Pre-Hurricane Season Letter to Families/Responsible Parties

Date:

Dear Family Member, Guardian, or Responsible Party,

Hurricane season is upon us again, and we are sending out this letter to detail our facility emergency preparedness plan in the event of an imminent storm. We have worked closely with xxxx County officials and local Emergency Management to ensure the safety and comfort of our residents and staff.

If a hurricane Category One or Two is in our path, our plan calls for *(**identify specifics per facility plan)*. We have a safe building above flood level with shutters for all of the windows. We have emergency supplies, food, and water to last at least one week, and we have an emergency generator that will supply essential electrical power to the building in case of a power outage.

If forecasters are calling for a Category _____ hurricane, we will be directed by _____ _____ County officials to leave our building. Depending on the path of the hurricane, we may evacuate to _____ or to a facility in _____ County with whom we have an arrangement. We have coordinated transportation arrangements for our residents and all supplies will be brought with us. We will plan on staying out of our facility for at least one week, though we may return to our facility sooner than this. Of course, there may be the possibility of an extended stay out of the facility depending on the aftermath of the storm. Prior to the evacuation, our staff will make all attempts to contact you and to inform you that we will be leaving our facility. If we are able to reach you, we will provide you with a phone number you can call for an update.

In the case of a facility evacuation, you may prefer to pick up your loved one. We will discharge the resident to your care with their prescribed medications, and we will readmit them upon our return to the facility. You will be given this option when our staff contacts you regarding the evacuation.

If you have any questions regarding our hurricane preparedness or evacuation plan, please call me at (xxx) xxx-xxxx ext. xx. Thank you for your consideration and cooperation in this matter.

Sincerely,

Xxx xxxx,
Administrator or Executive Director
Phone Number

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APPENDIX L

Resident Evacuation Checklist

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Resident Evacuation Checklist for Assisted Living Facilities

To ensure appropriate placement and follow-through in the event of an evacuation, complete this checklist for each resident to be transferred to another facility. This document contains personal information and is to be shared only with persons involved in the care or safety of this resident.

Evacuating Facility: _____

Resident Name: _____ Room Number: _____

Receiving Facility: _____

Receives services under special ALF license (check as needed):

❑ Limited Nursing Services ❑ Limited Mental Health Services ❑ Extended Congregate Care Services

Name(s) of Physician(s) Notified:	Family/Legal Representatives Notified:
1. _____	Name: _____
Phone: _____	Phone: _____
2. _____	Relationship: _____
Phone:	

❑ Name of Staff Completing Calls: _____ Date(s): _____

Records Copied for Transport:

❑ In Florida, Dept. of Elder Affairs (DOEA) Resident Health Assessment Form 1823

Additional for LNS Residents (Limited Nursing Services)

❑ Nursing Progress Notes (most recent)
❑ Nursing Assessment (most recent)

Additional for LMH Residents (Limited Mental Health Services)

❑ Dept. of Children & Families Documentation that verifies need of mental health services
❑ Placement assessment by resident's mental health provider
❑ Community Living Support Plan
❑ Mental Health Provider's 24-Hour Emergency Crisis Phone Number: _____

Additional for ECC Residents (Extended Congregate Care Services)

❑ Service Plan
❑ Nursing Progress Notes (most recent)
❑ Nursing Assessments (most recent)

over

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Resident Evacuation Checklist for Assisted Living Facilities - continued

Resident Name:_____

❑ Resident Identification Card or Device Given to Resident

Personal Belongings Sent w/Resident: _____

_____

Medication/Supplies Sent w/Resident: _____

_____

Additional Comments: _____

_____

_____

_____ _____

Signature of Person Completing Evacuation Checklist Date

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APPENDIX M

Lessons Learned from the 2004 Florida Storms

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LESSONS LEARNED FROM THE 2004 STORMS

The 2004 hurricane season rocked Florida with four hurricanes within a six week period. Florida's long term care community, Florida Health Care Association, and the state entities were forced to learn very quickly how to work together to protect and serve our frail clients, our priceless staff, and families. We found the strengths and flaws in our systems and learned how to pull together, how to bend, and how to bounce back. We discovered that many state entities have no awareness that nursing homes are different from assisted living facilities which are in turn different from independent living facilities, and we found ourselves educating state interests on how to distinguish between these different settings and the clients they serve.

Power: We learned the hard way that the power companies/utilities/cooperatives did not assign any special priority to assisted living facilities or nursing homes when it came to getting power restored. The only priority groups were hospitals, police stations, and fire departments. By the third hurricane and some media attention, the power companies began to respond more quickly to the needs of nursing homes, placing them behind hospitals in terms of prioritization. During the onset of the fourth hurricane, power companies were again stating that, if every nursing home and assisted living facility were a priority, every grid in the state would be a priority, and they simply did not have the trucks to respond. Again, a distinction had to be made between nursing homes and assisted living facilities, resulting in nursing homes being given priority after hospitals in getting their power needs addressed in the aftermath of the fourth hurricane.

Reporting power off: In state emergencies where there are power outages, facilities should contact their local Emergency Operation Centers (EOC) to 1) report the facility's lack of power and 2) to find out the facility's status as it relates to having power restored. If the local EOC cannot be reached or refuses to take the information, contact the State EOC.

State EOC: The Health division of the State EOC is known as ESF-8. Their main number is (800) 320-0519, and the request the ESF-8 desk.

Local Power Company: It is recommended that each facility report their power outage to their respective power company and reference their account number.

Portable generators: Max Hauth, a Florida fire-life safety expert, reports that many facilities are using smaller (3-5kw) gasoline-powered generators for supplemental tasks, or in some cases, to power computers, modems and TV sets. These gasoline engines typically run at a very high rpm and are air-cooled, so it is essential that the engine's oil level is maintained. Look for an electrical plug that is hot to the touch, which could be a sign that the extension cord you're using is not sufficient for the electrical load.

Staffing: In a state emergency, licensed nurses from other states must obtain a temporary Florida RN license, but that can be done in 48 hours. In a state emergency, CNAs actively certified in other states, employed and screened by the same company, can come to work right away for another facility owned by the company and work for up to four months.

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Repairs/contractors: A useful Web site for matching contractors and home/business owners with needs is the Disaster Contractor's Network at www.dcnonline.org.

Air quality/mold: Remember, you are not required to contract with an indoor air quality professional to certify the safety of your building's indoor air if the building did not suffer flooding or water intrusion. AHCA's Office of Plans and Construction Bureau Chief Skip Gregory says if your facility lost power and was closed for several days with its doors/windows closed, look for possible mold or mildew forming or dampness of the walls or ceiling. Smell the air, and if you note no abnormal circumstances, put this information in a memo for your file for possible future use. Please note this is for your own future protection (See Appendix O for Guidelines).

Keeping cool protocol: As soon as your facility loses power or if the air conditioning fails for some other reason, indoor temperatures should be monitored and logged every four hours by an assigned person. Readings should be taken at various locations in the building to determine the hotter spots. Once the indoor temperature reaches 85 degrees:

- Large fans are activated in resident common areas.
- AHCA and the Department of Health are notified.
- Fluids are encouraged all residents.
- Extra ice is made available to all residents.
- Portable window AC units are activated. Generator powered window AC units are activated on sun porches, which are used as emergency cooling centers for persons with fevers or other medical emergencies.
- Residents at risk shall have their body temperature monitored; nursing or direct care staff will notify supervisor or Administrator if the resident has increased fever so that resident can be moved to an emergency-cooling area or transferred to another facility or hospital if necessary.
- It is not necessary to report your indoor temperatures to AHCA. You are required to determine when health and safety are at risk and to notify AHCA if an evacuation is indicated.
- Closely monitor sanitation, particularly in the kitchen and resident areas. Heat speeds up food spoilage.
- If a resident's health is in doubt, get an order from the physician for a direct admit to the hospital in order to bypass the delay which occurs with ER admits.
- Cool residents with elevated temperatures by placing them near fans blowing over basins of ice.

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Structural Damage and Building Re-entry

If no damage: Simply call your AHCA Area Office or the Central Office and let them know you are going back in and that all power is restored and that no damage or water intrusion has occurred to the interiors.

If damage exists: For damage, minor or otherwise, AHCA's Office of Plans and Construction wants a letter from the facility noting the extent of the damage and a description of the scope of work contemplated. It will work with the facility to correct all damages ASAP.

New work: If new work is contemplated, such as a new generator, then that may have to be reviewed by Plans and Construction. It will look at situations on a case-by-case basis.

Substantial rebuilding: Substantial rebuilding may have to involve engineering and architectural drawings and submissions. AHCA said it will consider this priority to repair hurricane damage. Plan review fees are generally waived unless the renovation gets beyond the damage to the facility, then it gets treated like any other renovation job.

Windows/water damage: If building is without power/air conditioning:

> No power with no water damage: Remove hurricane shutters/boards and keep the windows closed as long as possible to retain coolness. Make sure there is no water intrusion in the building. Open the windows when things heat up.
>
> No power with small water intrusion: Remove hurricane shutters/boards and keep the windows closed as long as possible to retain coolness. Towel-dry surface wetness. Don't open the windows to dry things out and open the windows only when things heat up.
>
> No power with water damage: Remove hurricane shutters/boards and dry out the building using dryers. Keep the windows closed as long as possible to retain coolness and open them only when things heat up.

Remember, if a mandatory evacuation has been ordered by the local emergency management agency, an assisted living facility in Florida may not be reoccupied until the emergency mangement agency clears the area for re-entry.

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APPENDIX N

Emergency Generators

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EMERGENCY GENERATORS

In an emergency, electrical power is often interrupted. Generators are expensive, require space, and ongoing maintenance; but under emergency conditions, they might make the difference in being able to serve residents. The following steps will prepare you to make an informed decision.

Should You Purchase Or Rent A Generator or Do You Even Need One?

Most facilities conduct a cost-benefit analysis to determine whether or not they need a generator. Some multi-story buildings that have elevators are required by building codes to have a generator that will provide power to at least one elevator. Generators may also be rented, although it is unlikely that during a crisis, one would be able to be obtained.

Determine How Much Power You Need

- Determine power distribution: What is on separate breakers?
- Whole facility or just critical loads: Determine if you need to power your whole facility or just critical loads, and determine the aggregate electrical load. Consult a qualified electrician to perform an ammeter reading of your electrical distribution box when your facility is running at peak load. Your utility bill may provide peak electrical usage.
- Power for critical loads: Prioritize individual loads (lights, a/c, machines, etc). Decide which require power immediately during an emergency. If you have a separate distribution box to feed critical loads, you may only need enough temporary power for the loads served by that set of circuit breakers. Another method is to take an ammeter reading with just the critical loads running. To determine amperage or voltage for a piece of equipment, check the nameplate.

Develop a Generator Plan

- Generator Location: Generators range in size from the petite to the gigantic! Once you know how much power you need, be sure you have the space to accommodate the generator. You might need to get two smaller ones rather than a large one. It is helpful if the dealer comes to your facility to do an inspection. They can often provide tips and ideas on location, installation and other important concerns. Also check with the local building permit department and air quality board to determine if there are any regulations that govern generator use. Lastly, check with your neighbors. A loud, smoking diesel generator could be a problem to a neighbor.
- Getting the Generator to your Location: Most are towed on semi-trailers or pull trailers. Others are skid mounted and require a forklift. If you are picking up your own generator, make sure you have the right size truck or get a contract with a trucking firm for delivery.
- Getting the Cable Routed from the Generator Outside your Building to the Electrical Distribution Boxes Inside: An open door or window will work, but not in extreme weather. Consider installing a weather head or cable access door that can be closed when not in use.
- Adequate Fuel: You must have extra fuel if you need to run for an extended period of time. Ideally, have enough fuel for three days or more. An auxiliary tank of fuel is important. If you are in a very cold climate, you will need special winter fuel. Always have at least two vendors on contract, in case one runs out or has difficulty delivering to your area.

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- Hooking Up and Maintaining the Generator: If you don't have trained people on site, you will need an electrical contractor. Or have someone train and certify your staff. A survey of your facility and your electrical needs by a licensed electrician is essential. You may need to consider an exterior outlet on your building to be able to connect a generator.
- Automatic Bus Transfer Switch (ABT): The ABT switch has power coming into the switch from the normal power source and from the emergency power source. The wires leading to the building are usually connected to the normal power source. In the event the normal power is lost, the ABT immediately transfers the building to the emergency power source. When normal power is restored, the ABT shifts the building back to normal power. The switch that automatically starts the emergency generator is often built into the ABT. This switch automatically starts the emergency generator when normal power is lost, and shuts down the generator when normal power is restored.
- Document the Plan: Write the generator plan documenting the entire process from obtaining the equipment, installation and maintenance.

Generators—How to Determine the Size You Need

- Contact a qualified electrician or electrical engineer to determine actual load, and then determine the critical and secondary loads. As an example, the following questions and methods can be used to determine your needs.
- If you have the electrical line diagrams, you can add the circuits together that you intend to power from the generator.
- Do you have an existing transfer switch that is rated to accommodate the capacity size of the generator?
- Do you want to provide a full or partial backup of current building?
- Is the business growing? Shrinking?
- Do you want full load on generator or partial load?
  The electrician must determine the amount of current you need and at what voltage. Then a generator company can tell you the size. If you base it on current load, you will get a minimum size to support those needs. Your other needs will determine the cost to increase your capacity. The installation cost is basically the same in size ranges.

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Generator Rentals

Check the Yellow Pages under "Generators" or web sites on the Internet.

Glossary of Electrical and Generator Terms

Sound Attenuation	You may need a quiet generator set if you are close to other buildings or residences. Ask for a set with sound attenuation below 92db (A) at fuel load or better.
Auto-Start/Stop Connections	This automatically starts or stops a generator if the standby unit goes down.
Radiator Exhaust Discharge	Some sets come with vertical radiator and exhaust systems designed to direct heat and exhaust away from people and buildings.
Electronic Governors	Maintains a steady electrical frequency, which is necessary for critical loads that cannot handle frequency fluctuations.
Output Bus Bars	Lets you run several pieces of equipment off one generator set by spacing multiple cable hookups.
Fuel Capacity	Generators should run for at least eight hours without the need to refuel. Determine how many tanks of fuel per day you will need. Ideally arrange to have a two to three day supply of fuel delivered with the generator.
Fuel Priming Pump	Assures easier start-up after refueling.
Charging Alternator	Ensures batteries are charging when the units are operating. If the unit is equipped with battery chargers and/or space heaters, an outside power source is required for standby generator sets.
Sight Gauges	Allow for easy checking of fuel and other fluids.
Security	Generators should be tamper-proof. Lockable doors, oil/water drains mounted inside the enclosure, and hidden exterior fuel drains help ensure security.

Source: Center for Medicare and Medicaid Services "Emergency Preparedness for Dialysis Facilities" Publication Number CMS-11025 www.cms.hhs.gov/esrd/9a.pdf

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FLORIDA'S NEW LEGISLATION PASSED IN 2006 RELATED TO ELEVATORS/GENERATORS

House Bill 7121 was signed into law on June 1, 2006. This law amends s. 553.509 of the Florida Statutes and stipulates that:

> Any person, firm, or corporation that owns, manages, or operates a residential multifamily dwelling, including a condominium, that is at least 75 feet high and contains a public elevator, as described in s. 399.035(2) and (3) and rules adopted by the Florida Building Commission, shall have at least one public elevator that is capable of operating on an alternate power source for emergency purposes. Alternate power shall be available for the purpose of allowing all residents access for a specified number of hours each day over a 5-day period following a natural disaster, manmade disaster, emergency, or other civil disturbance that disrupts the normal supply of electricity.

In spite of how it initially reads, this law does *not* create any new requirement regarding generators running elevators. Those requirements have been in existence through the Florida Building Code and remain unchanged by this legislation. All this new law changes is that it requires that the elevator which is being run on a generator be made available for resident use for a specified number of hours a day over a 5-day period of time.

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APPENDIX O

Indoor Air Quality Guidance in Florida

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Indoor Air Quality Guidance in Florida

To: All Licensed Health Care Facilities in the State of Florida

From: Elizabeth Dudek, Deputy Secretary, Division of Health Quality Assurance

Date: September 15, 2004

Re: Indoor Air Quality in Health Care Facilities (Replaces Memo dated August 27, 2004)

As a result of the hurricanes and severe weather the state has been experiencing, many health care facilities have had extended power outages and water damage to the interior floor, wall, and ceiling surfaces from flooding or building envelope leakage. Undesired water intrusion for extended periods of time, with or without air conditioning, generates conditions inside the facility that may erode indoor air quality and produce an environment that may be detrimental to residents, residents, and health care providers from exposure to mold. Water intrusion may be caused by problems such as leakage through the roof, exterior walls, and windows, clogged HVAC drain pans, clogged sewage lines, or improperly functioning HVAC equipment that does not maintain proper humidity control within the building envelope. Regardless of the cause, once water has entered the facility and wetted building materials, mold growth is likely to occur within 48 to 72 hours if the water is not immediately removed and building materials properly dried.

To assist facilities in taking the proper corrective action, and to ensure facilities and/or portions of facilities are safe for resident/resident occupancy, the Agency for Health Care Administration requests all licensed healthcare facilities that have had water intrusion, to enact the following basic procedures to ensure indoor air quality will not adversely affect the environment of care:

1. Retain an indoor air quality consultant/contractor. The consultant/contractor should be: (1) a degreed microbiologist or mycologist, (2) a certified industrial hygienist trained in Indoor Air Quality assessment principals, or (3) a microbial remediation specialist with recognized expertise and knowledge in Indoor Air Quality and mold remediation. Such professionals shall have expertise in designing mold sampling protocols, sampling methods, and interpretations of laboratory results.

2. The facility should be surveyed by this qualified person. This survey and evaluation should include visual observations and moisture testing, as appropriate, of all ceiling, wall, and floor finishes and HVAC ducts and filters that may have been contaminated. If material or air sampling is indicated in the professional judgment of the surveyor, sampling should be conducted in accordance with industry accepted written protocols. All samples should be sent to a laboratory accredited by the American Industrial Hygienist Association for analysis.

3. The retained professional shall prepare a report containing the survey data, method(s) of survey, instrumentation utilized to obtain data, written protocols for each sampling method used, results of laboratory analysis, interpretations, conclusions, and recommendations for remedial actions.

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4. If drying of the facility is undertaken, desiccant air dryers should be used to thoroughly dry all parts of the building that have had water intrusion.

5. Any building materials that have been wetted and determined to exhibit mold growth should be abated in accordance with industry recognized mold remediation guidelines such as those issued by the U.S. Environmental Protection Agency or by the Institute of Inspection, Cleaning, and Restoration Certification. If materials with mold contamination are removed from the facility, appropriate containment techniques and personal protective equipment should be used.

6. For occupied facilities where a portion or wing of the facility is undergoing remediation, an Infection Control Risk Assessment (ICRA) shall be prepared. That portion or wing of the facility under remediation shall be separated from the occupied areas of the facility and shall have a temporary relative negative air pressure.

7. Once the facility has completed all recommendations for remedial actions, the qualified consultant/contractor shall provide a final post remediation clearance report indicating, in the professional judgment of the surveyor, the facility or portion of the facility is safe for occupancy.

The facility shall retain all data and test results for submittal to and review by the Agency. If there are any questions regarding the information contained in this memo, please contact Mr. Skip Gregory, Bureau Chief of the Agency's Office of Plans and Construction, by phone at 850-487-0713 or via e-mail at: gregorys@fdhc.state.fl.us.

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APPENDIX P

Timeline for Disaster Preparedness Activities

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TIME LINE FOR LONG TERM CARE FACILITIES' DISASTER PREPAREDNESS ACTIVITIES

January: In Florida, register one time with the Agency for Health Care Administration's (AHCA) Emergency Status System (http://www.fdhc.state.fl.us/MCHQ/Emergency_Activities); (Appendix G). Working with team leaders, establish a disaster preparedness timeline for the facility for the year. Critique previous hurricane season's experiences. Plan revisions for facility's emergency management plan, and establish a deadline to submit the revised emergency management plan to the County Emergency Operation Center. Procedures and timelines for consistently backing up facility electronic records on and off site should be reviewed, and any necessary changes implemented.

February: Conduct a strict review of the Physical Plant (inventory equipment) and make replacements and/or upgrades if necessary. Perform all required and necessary maintenance/repair service on the facility's generator(s); order any essential spare parts to stockpile to ensure availability in the event of an emergency.

March: Certify contracts with outside vendors, adjusting contracts to meet expected needs and to ensure adequate supplies. Contact dialysis providers and plan for emergency services. Continue evaluation and review of Physical Plant and equipment. Ensure that electronic records are being consistently backed up.

April: The revised disaster/emergency management plan should be submitted to local (county) emergency management department/office by now. Conduct annual facility staff education. Continue to certify and adjust contracts with outside vendors. Key facility staff should be in communication with and kept up-to-date by the local EOC. Ensure that electronic records are being consistently backed up.

May: Go to the Agency's Emergency Status System (Appendix G) and make sure all of your pre-event information is up-to-date. Implement education for residents, resident's family/relatives/caregivers, and the community. Involve local media. Continue to certify and adjust contracts with outside vendors.

June: Conduct internal and external drills, involving community members and local emergency services.

July: Send notification to resident's family/relatives/caregivers about emergency preparedness plan and evacuation procedures. Ensure that electronic records are being consistently backed up.

August: Review and update resident information, including advance directives, DOEA Form 1823, mental health, and resident forms of identification. Update emergency staffing schedule (key staff listing), and get employee commitments. Ensure that electronic records are being consistently backed up.

September: Conduct ongoing reviews of disaster preparedness. Educate new staff and new residents and their families/relatives/caregivers on emergency protocol. Ensure that electronic records are being consistently backed up.

October: Conduct ongoing reviews of disaster preparedness. Educate new staff and new residents and their families/relatives/caregivers on emergency protocol.

November: Conduct ongoing reviews of disaster preparedness. Educate new staff and new residents and their families/relatives/caregivers on emergency protocol. Ensure that electronic records are being consistently backed up.

December: Begin review of disaster preparedness plan. Review responsible parties' checklists. Ensure that electronic records are being consistently backed up.

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APPENDIX Q

Resident Identification Sample Protocol for ALF's

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SAMPLE RESIDENT IDENTIFICATION POLICY/PROTOCOL

SUBJECT: Resident Identification for Emergency preparedness planning

SECTION: Disaster Evacuation

INTENT: It is the policy of the facility to ensure that all residents have appropriate identification in the event of a disaster that requires evacuation.

PROTOCOL:

1. Discuss the identification protocol with residents and family each year; assure them that these cards or devices will be used only in the case of an evacuation. Residents or surrogates should be asked to agree to carry this identification on their persons in the case of an evacuation. These identification cards or devices are different than anything the residents already may have because they will have the facility contact information listed.

2. During an evacuation, designated staff will distribute identification cards or devices and remind residents that this is "as we discussed we would do in case of an evacuation". Encourage residents to put cards in the pockets of their clothing.

3. All residents will carry with them or wear identification.

4. The identification should include at least the following general information:

a. Resident full name.
b. Facility Name, address, and phone number.

5. Identification should be reviewed and confirmed available by the facility Administrator on or before June 1st of any given year. An administrative system will need to be set up so that the identification cards or devices may be quickly obtained and handed out.

6. Remember, everyone is likely to be stressed in planning for an evacuation. Staff should not feel they must force each resident to have this identification card or device on their persons. Even with your prior communication, a resident may refuse to carry the identification. That is ultimately the resident's choice, unless he or she has been adjudicated incompetent to make decisions related to their care and a surrogate has made the decision for them.

Point of Emphasis:
Hurricanes are not the only disaster that could ultimately require evacuation of the facility. The facility must be prepared on a daily basis with proper identification for each resident.

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APPENDIX R

Pandemic Influenza Planning Checklist

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LONG-TERM CARE AND OTHER RESIDENTIAL FACILITIES PANDEMIC INFLUENZA PLANNING CHECKLIST

Planning for pandemic influenza is critical for ensuring a sustainable healthcare response. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed this checklist to help long-term care and other residential facilities assess and improve their preparedness for responding to pandemic influenza. Based on differences among facilities (e.g., patient/resident characteristics, facility size, scope of services, hospital affiliation), each facility will need to adapt this checklist to meet its unique needs and circumstances. This checklist should be used as one tool in developing a comprehensive pandemic influenza plan. Additional information can be found at www.pandemicflu.gov. Information from state, regional, and local health departments, emergency management agencies/authorities, and trade organizations should be incorporated into the facility's pandemic influenza plan. Comprehensive pandemic influenza planning can also help facilities plan for other emergency situations.

This checklist identifies key areas for pandemic influenza planning. Long-term care and other residential facilities can use this tool to self-assess the strengths and weaknesses of current planning efforts. Links to websites with helpful information are provided throughout this document. However, it will be necessary to actively obtain information from state and local resources to ensure that the facility's plan complements other community and regional planning efforts.

1. Structure for planning and decision making.

Completed	In Progress	Not Started	
❑	❑	❑	**Pandemic influenza has been incorporated into emergency management planning and exercises for the facility.**
❑	❑	❑	**A multidisciplinary planning committee or team[1] has been created to specifically address pandemic influenza preparedness planning.**
			(List committee's or team's name.) _____
❑	❑	❑	**A person has been assigned responsibility for coordinating preparedness planning, hereafter referred to as the pandemic influenza response coordinator. (Insert name, title and contact information.)** _____
			_____
❑	❑	❑	**Members of the planning committee include (as applicable to each setting) the following: (Develop a list of committee members with the name, title, and contact information for each personnel category checked below and attach to this checklist.)**
			❑ Facility administration
			❑ Medical director
			❑ Nursing administration
			❑ Infection control
			❑ Occupational health
			❑ Staff training and orientation
			❑ Engineering/maintenance services
			❑ Environmental (housekeeping) services
			❑ Dietary (food) services
			❑ Pharmacy services
			❑ Occupational/rehabilitation/physical therapy services
			❑ Transportation services
			❑ Purchasing agent
			❑ Facility staff representative
			❑ Other member(s) as appropriate (e.g., clergy, community representatives, department heads, resident and family representatives, risk managers, quality improvement, direct care staff, collective bargaining agreement union representatives)

1. An existing emergency or disaster preparedness team may be assigned this responsibility.

May 1, 2006 Version 1

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APPENDIX S

Guidance for the Safe Transportation of Medical Oxygen

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GUIDANCE FOR THE SAFE TRANSPORTATION OF MEDICAL OXYGEN

U.S. Department
of Transportation

**Pipeline and
Hazardous Materials Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

GUIDANCE FOR THE SAFE TRANSPORTATION OF MEDICAL OXYGEN FOR PERSONAL USE ON BUSES AND TRAINS

The Department of Transportation's Pipeline and Hazardous Materials Safety Administration (PHMSA) recommends that bus and train operators take the following precautions to assure that medical oxygen being transported for passengers' personal use is handled and transported safely:

FOR TRANSPORTATION IN THE PASSENGER COMPARTMENT

- Oxygen should be transported on a bus or train only when medically necessary.
- Oxygen should be transported in a cylinder maintained in accordance with the manufacturer's instructions. The manufacturer's instructions and precautions are usually printed on a label attached to the cylinder.
- Before boarding, inspect each cylinder to assure that it is free of cracks or leaks, including around the valve area and pressure relief device. Listen for leaks; do not load leaking cylinders on the bus or train. Visually inspect the cylinders for dents, gouges or pits. A cylinder that is dented, gouged, or pitted should not be transported.
- Limit the number of cylinders to be transported on board the vehicle to the extent practicable. If possible, transportation in the passenger compartment should be limited to one cylinder per person.
- Cylinders used for medical oxygen are susceptible to valve damage if dropped. Handle these cylinders with care during loading and unloading operations. Never drag or roll a cylinder. Never carry a cylinder by the valve or regulator. Carry the cylinder carefully using both hands.
- Do not handle oxygen cylinders or apparatus with hands or gloves contaminated with oil or grease.

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- Each cylinder should be secured to prevent movement and leakage. Each cylinder should be loaded and secured in an upright position. "Secured" means that the cylinder is not free to move when the vehicle or train is in motion.

- Oxygen cylinders or other medical support equipment should never be stored or secured in the aisle. Make sure that the seating of the passenger requiring oxygen does not restrict access to exits or use of the aisle.

- Since the release of oxygen from a cylinder could accelerate a fire, each cylinder should be secured away from sources of heat or potential sparks.

- Under no circumstances should smoking or open flames (cigarette lighter or matches) be permitted in the passenger compartment when medical oxygen is present.

- When you reach your destination, immediately remove all cylinders from the bus or train.

FOR TRANSPORTATION IN THE CARGO COMPARTMENT

- Each cylinder should be placed in a box or crate or loaded and transported in an upright position.

- Valves should be protected against damage.

- Each cylinder should be secured against movement.

- The total weight for oxygen cylinders permitted in a bus cargo compartment is 99 lbs (45 kg).

For further information, contact PHMSA's Hazardous Materials Information Center at 1-800-467-4922.

Robert A. McGuire
Associate Administrator for Hazardous Materials Safety

September 26, 2005

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APPENDIX T

Transportation Checklist for Evacuation Planning

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TRANSPORTATION CHECKLIST FOR EVACUATION PLANNING

The transportation checklist below will assist in evacuation pre-planning. Make copies of this checklist and use a new one each year.

Date: _____

	Enough buses and emergency vehicles available for facility use.
	Contact transportation vendor annually to verify contracts. Include return transportation in contract.
	Verify feasibility of back-up transportation in the event that primary transportation vendor does not respond as contracted.
	Supply transportation in place for medical records, water, and food.
	A list of supplies to be transported is in the emergency management plan.
	A list of comfort supplies for traveling is in the emergency management plan and staff is assigned and trained on gathering these (snacks, water, first aid kit, videos, magazines).
	Transportation in place for staff accompanying and/or supporting residents.
	Staff is assigned and trained on protocols for fueling vehicles, checking oil, tires, etc. preceding evacuation.
	Specially trained staff identified to handle and load medical oxygen for personal use as needed.
	Mutual aid agreement with a facility to receive residents is current and signed this year. Includes discussion of the provision of extra supplies, including food, water, and bedding for at least 3 days.
	Current vendor supply contracts include delivery to receiving facility post-hurricane. (as applicable)
	Primary and secondary evacutation routes in emergency management plan.
	Time for evacuation of all residents to a point of safety calculated this year. Use the evacuation capability evaluations associated with facilty fire drills to assist in this calculation. Extra time built in for traveling during an evacuation (some estimates advise travel time be tripled in calculations).
	Staff assigned and trained to convert the daily resident admission and discharge log into a resident evacuation log.
	Staff assigned and trained to do a final check on facility to ensure all residents and pets are out of the building before the facility is left.
	Protocols include cash for bus and emergency vehicle drivers to cover unexpected needs.
	Staff responsible for initiating a return and re-entry to home facility is identifed and communicated to staff and residents.

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